
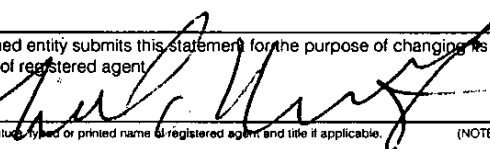
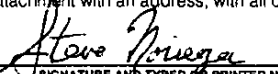


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90060 050 ***150.00

DOCUMENT # 439844 1. Entity Name WITH COMMUNITY SERVICES, INC.					
Principal Place of Business 14000 N MILITARY TR 200 DELRAY BEACH, FL 33484-2600 US			Mailing Address 14000 N MILITARY TR 200 DELRAY BEACH, FL 33484-2600 US		
2. Principal Place of Business - No P.O. Box # 1880 N CONGRESS AVE		3. Mailing Address 1880 N. CONGRESS AVE			
Suite, Apt. #, etc. 220		Suite, Apt. #, etc. 220			
City & State BOYNTON BEACH FL		City & State BOYNTON BEACH FL		4. FEI Number 59-1474270	
Zip 33426		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAWALANY, MICHAEL W 14000 N MILITARY TR #200 DELRAY BEACH, FL 33484-2600			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1880 N CONGRESS AVE # 220 City BOYNTON BEACH FL Zip Code 33426		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  MICHAEL W. NAWALANY 4.3.08 <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GALLO, CARL R 14000 N. MILITARY TR #200 DELRAY BEACH, FL 334842600		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete MORICI, HERBERT 1400 N. MILITARY TR #200 DELRAY BEACH, FL 334842600		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEVE NORIEGA 87 THREE LAKES DRIVE SAN ANTONIO, TX 78248	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP TRAVIS PONSON 16633 ANTIETAM AVE BATON ROUGE LA 70817	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S MARCUS FREDDE JR 4300 WINNETKA ROAD CORINTH TX 76208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  STEVE NORIEGA 4.3.08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			972 929.4440 <small>Date Daytime Phone #</small>		