2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# 508466

Entity Name: SMALL BUSINESS SERVICE BUREAU, INC.

Current Principal Place of Business:

554 MAIN ST.
PO BOX 15014
WORCESTER, MA 016150014 US

New Principal Place of Business:

Current Mailing Address:

554 MAIN ST.
PO BOX 15014
WORCESTER, MA 016150014 US

New Mailing Address:

FEI Number: 59-1700140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: CARROLL, FRANCIS R,
Address: PO BOX 15014 MAIN ST.
City-St-Zip: WORCESTER, MA 016150014

Title: C ( ) Delete
Name: GREENLAW, PATRICIA A, .
Address: P O BOX 15014 MAIN ST
City-St-Zip: WORCESTER, MA

Title: P ( ) Delete
Name: CARROLL, BRIAN K
Address: PO BOX 15014 554 MAIN ST
City-St-Zip: WORCESTER, MA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: CARROLL, FRANCIS R
Address: PO BOX 15014 MAIN ST.
City-St-Zip: WORCESTER, MA 016150014

Title: C (X) Change ( ) Addition
Name: GREENLAW, PATRICIA A
Address: P O BOX 15014 MAIN ST
City-St-Zip: WORCESTER, MA

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH B. KEYES MGR 04/28/2005

Electronic Signature of Signing Officer or Director Date