FILED 2008 FOR PROFIT CORPORATION ANNUAL REPORT Jan 24, 2008 08:00 AN Secretary of State

1. Entity Nam	MENT # 518872 ERVICES, INC.					Secretai	ry oi S
Principal Place of Business 31 N.E. 1ST ST. POMPANO BEACH, FL 33060 Mailing Address 31 N.E. 1ST ST. POMPANO BEACH, FL 33060 POMPANO BEACH, FL		*					
D	O NOT WRITE I	N THIS SPA	CE	01082008	No Chg-P	CR2E034 (11/	
				4. FEI Numbe 59-1730		£0.75	Not Applicable
· ·				5. Certificate	of Status Desired	□ \$8.73 Fee Red	Additional quired
	6. Name and Address of Current Reg	Istered Agent					
MCMAHON, THOMAS 31 N.E. 1ST ST. POMPANO BEACH, FL 33060			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or registe	red agent, or bot	h, in the State of Flo	rida. I am familiar i	with, and accept
SIGNATURE_	Signature typed or printed name of registered agent and tit	le if applicable (NOTE: Registere	d Agent signature require	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May 8e ded to Fees			** ***.
10.	OFFICERS AND DIRI	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMAHON, THOMAS E 31 N.E. 1ST ST. POMPANO BEACH, FL 33060						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000 01/28/08-	0795302 -80042-022	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		•
TITLE NAME STREET ADDRESS				IN T	THIS SP	ACE	

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.

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE:**

Daylime Phone #