

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004093

FILED  
Jan 13, 2006  
Secretary of State

Entity Name: ALLIED SERVICES GROUP, INC.

## Current Principal Place of Business:

6730 ROOSEVELT AVE  
SUITE 400  
FRANKLIN, OH 45005

## New Principal Place of Business:

## New Mailing Address:

6730 ROOSEVELT AVE  
SUITE 400  
FRANKLIN, OH 45005

## Current Mailing Address:

6730 ROOSEVELT AVE  
FRANKLIN, OH 45005

FEI Number: 31-1599147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAGE, ANDY  
5000 OLD ST RD 37  
ATTN: ALLIED SERVICES GROUP  
MULBERRY, FL 33860 US

## Name and Address of New Registered Agent:

PAGE, ANDY  
5000 OLD ST RD 37  
ATTN: ALLIED RELIABILITY  
MULBERRY, FL 33860 US

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:

01/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: EPPERSON, JEFFREY J  
Address: 1424 N. PENINSULA BLVD.  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: V ( ) Delete  
Name: LANGHORNE, JOHN  
Address: 1609 N. MARSHALL ROAD  
City-St-Zip: MIDDLETOWN, OH 45042

Title: ST ( ) Delete  
Name: HOGAN, MICHAEL G  
Address: 21 EASTWOOD STREET  
City-St-Zip: SOUTHAMPTON, MA 01073

Title: P ( ) Delete  
Name: SCHULTZ, JOHN  
Address: 4796 N. ST. RT. 59  
City-St-Zip: BRAZIL, IN 47834

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: P (X) Change ( ) Addition  
Name: SCHULTZ, JOHN  
Address: 313 DREW LANE  
City-St-Zip: WANDO, SC 29492

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN LANGHORNE

V

01/13/2006

Electronic Signature of Signing Officer or Director

Date