2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008
Secretary of State

DOCUMENT# F05000001475

Entity Name: INCORPORATING SERVICES, LTD., INC.

Current Principal Place of Business:

3500 SOUTH DUPONT HIGHWAY
DOVER, DE 19901

New Principal Place of Business:

Current Mailing Address:

3500 SOUTH DUPONT HIGHWAY
DOVER, DE 19901

New Mailing Address:

FEI Number: 51-0260424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURRY, MELISSA A
1540 GLENWAY DR
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: MCKOWN, KELLY A
Address: 3500 SOUTH DUPONT HIGHWAY
City-St-Zip: DOVER, DE 19901

Title: CD ( ) Delete
Name: TWILLEY, ROSEMARY
Address: 3500 SOUTH DUPONT HIGHWAY
City-St-Zip: DOVER, DE 19901

Title: CFVD ( ) Delete
Name: TWILLEY, JOSHUA M
Address: 3500 SOUTH DUPONT HIGHWAY
City-St-Zip: DOVER, DE 19901

Title: D ( ) Delete
Name: JONES, GEORGE
Address: 3500 SOUTH DUPONT HIGHWAY
City-St-Zip: DOVER, DE 19901

Title: VCD ( ) Delete
Name: CAROL, BRAVERMAN P
Address: 3500 SOUTH DUPONT HIGHWAY
City-St-Zip: DOVER, DE 19901

Title: D ( ) Delete
Name: JAN, KONESEY
Address: 3500 SOUTH DUPONT HIGHWAY
City-St-Zip: DOVER, DE 19901

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KELLY A MCKOWN P 03/17/2008

Electronic Signature of Signing Officer or Director Date