2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001923

Current Principal Place of Rusiness:

Entity Name: PATRIOT SERVICES CORPORATION

FILED Mar 20, 2006 Secretary of State

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283 GLADWIN CLAWSIN, MI 48107		283 GLADWIN CLAWSIN, MI 48017	
Current Mailing Address:		New Mailing Address:	
283 GLADWIN CLAWSIN, MI 48107		283 GLADWIN CLAWSIN, MI 48017	
FEI Number: 20-0847693	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
KECK, BARBARA 2176 HYATT DRIVE PORT CHARLOTTE. FL	33948 US		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

New Principal Place of Rusiness:

Election Campaign Financing Trust Fund Contribution ().

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

in the State of Florida.

SIGNATURE:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete Title: **PRFS** (X) Change () Addition POTTER, STEPHEN M POTTER, STEPHEN M Name: Name: 283 GLADWIN 283 GLADWIN Address: Address: City-St-Zip: CLAWSIN, MI 48107 City-St-Zip: CLAWSIN, MI 48107

Title: VS () Delete Title: VS (X) Change () Addition

 Name:
 HIIPAKKA, SCOTT
 Name:
 HIIPAKKA, SCOTT

 Address:
 6142 MAPLEVIEW LANE
 Address:
 424 EAST DAWSON ROAD

 City-St-Zip:
 YPSILANTI, MI 48197
 City-St-Zip:
 MILFORD, MI 48381

Title: T () Delete Title: VT (X) Change () Addition

 Name:
 QUISENBERRY, TOM
 Name:
 QUISENBERRY, TOM

 Address:
 283 GLADWIN
 Address:
 283 GLADWIN

 City-St-Zip:
 CLAWSON, MI 48107
 City-St-Zip:
 CLAWSON, MI 48107

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: SCOTT HIIPAKKA VT 03/20/2006