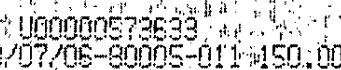
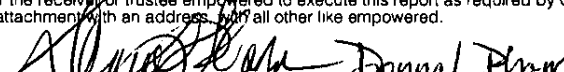


FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000002869		Secretary of State	
1. Entity Name CITIZENS SERVICES, INC			
Principal Place of Business 1024 ELYSIAN FIELDS AVENUE NEW ORLEANS, LA 70117		Mailing Address 1024 ELYSIAN FIELDS AVENUE NEW ORLEANS, LA 70117	
DO NOT WRITE IN THIS SPACE			
		07032006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-2075755	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE STE 4 WESTON, FL 33331		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			
TITLE	VCD	 DO NOT WRITE IN THIS SPACE	
NAME	ALIBI, SUNDAY		
STREET ADDRESS	1201 22ND STREET EAST		
CITY-STATE-ZIP	ST. PAUL, MN 55404		
TITLE	D		
NAME	LEON, ROSALIE		
STREET ADDRESS	3930 DELTA STREET		
CITY-STATE-ZIP	SAN DIEGO, CA 92113		
TITLE	D		
NAME	DOMINGUEZ, TERESA		
STREET ADDRESS	7425 S CHAPPEL		
CITY-STATE-ZIP	CHICAGO, IL 60649		
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
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, and all other like empowered.			
SIGNATURE: 		8/3/06 504-943-5954	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	