

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001872

FILED
Apr 11, 2008
Secretary of State

Entity Name: MY CORPORATION BUSINESS SERVICES, INC.

Current Principal Place of Business:

26520 AGOURA RD.
CALABASAS, CA 91302

New Principal Place of Business:

Current Mailing Address:

26520 AGOURA RD.
CALABASAS, CA 91302

New Mailing Address:

FEI Number: 95-4788936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 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: CP () Delete
Name: WHITTEN, GORDON
Address: 2323 S. 171 ST., STE. 200
City-St-Zip: OMAHA, NE 68130

Title: D () Delete
Name: LAIDLAW, JEANNETTE C.
Address: 2632 MARINE WAY
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: DT () Delete
Name: HANK, JEFFREY P.
Address: 2632 MARINE WAY
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: VP () Delete
Name: LAWSON, ROBERT
Address: 2632 MARINE WAY
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: S () Delete
Name: COZZENS, TYLER R.
Address: 2632 MARINE WAY
City-St-Zip: MOUNTAIN VIEW, CA 94043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: MNOOKIN, ALLISON
Address: 2525 GARCIA AVENUE
City-St-Zip: MOUNTAIN VIEW, CA 94043

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: DEBORAH SWEENEY

ASEC

04/11/2008

Electronic Signature of Signing Officer or Director

Date