2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001872

Entity Name: MY CORPORATION BUSINESS SERVICES, INC.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
26520 AGOURA RD. CALABASAS, CA 91302			21215 BUF	RBANK BLVD.		
				SUITE 400 WOODLAND HILLS, CA 91367		
			VVOODLAI	ND HILLS, CA 913	100	
Current Mailing Address:			New Maili	New Mailing Address:		
26520 AGOURA RD. CALABASAS, CA 91302				RBANK BLVD.		
			SUITE 400	SUITE 400 WOODLAND HILLS, CA 91367		
				•		
FEI Number	: 95-4788936	FEI Number Applied For ()	FEI Number Not App	icable () Cer	tificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New	Registered Agent:	
2731 EXE	RVICES, INC. CUTIVE PARK , FL 33331	DR., STE. 4 US				
	e named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered office	or registered agent, or bo	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECT			
Title:	CP ()	Delete	Title:	CP (X) Cha	nge () Addition	
Name:	MNOOKIN, ALL		Name:	KITCH, JUSTIN		
Address:	2525 GARCIA A		Address:	3375 EDISON WAY		
City-St-Zip:	MOUNTAIN VIE	N, CA 94043	City-St-Zip:	MENLO PARK, CA 9	24026	
					94025	
Title:	D ()	Delete	Title:	() Cha	nge () Addition	
	D () LAIDLAW, JEAN		Title: Name:	() Cha		
Name:	()	NNETTE C.		() Cha		
Name: Address:	LAIDLAW, JÈAÌ	NNETTE C. AY	Name:	()Cha		
Name: Address: City-St-Zip:	LAIDLAW, JÈAI 2632 MAINE W MOUNTAIN VIE	NNETTE C. AY W, CA 94043	Name: Address: City-St-Zip:	,	nge () Addition	
Name: Address: City-St-Zip: Title:	LAIDLAW, JÈAI 2632 MAINE W MOUNTAIN VIE	NNETTE C. AY W, CA 94043 Delete	Name: Address:	,		
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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.

City-St-Zip:

SIGNATURE: JUSTIN KITCH CP 01/15/2009

City-St-Zip: MOUNTAIN VIEW, CA 94043