

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001604

FILED
Jan 13, 2006
Secretary of State

Entity Name: BISHOPS SERVICES INCORPORATED

Current Principal Place of Business:

20283 STATE ROAD 7
SUITE 400
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

20283 STATE ROAD 7
SUITE 400
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 13-3408282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MC GLYNN, SHARON B
20283 STATE RD 7
STE 400
BOCA RATON, FL 33498 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: CST () Delete
Name: MCGLYNN, SHARON B
Address: 6208 PETALUMA DR
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: FLATLEY, T K
Address: 215 W. 91ST ST.
City-St-Zip: NEW YORK, NY 10024

Title: D () Delete
Name: CORSON, LYNN
Address: 86 VICTORIA DR
City-St-Zip: HILTON HEAD ISLAND, SC 29926

Title: DP () Delete
Name: O'KEEFE, MARIANNE
Address: 361 SCANNO DRIVE
City-St-Zip: OAK PARK, CA 91377

Title: VP () Delete
Name: FOX, JOHN
Address: 11 THAYER PLACE
City-St-Zip: STATE ISLAND, NY 10306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CST (X) Change () Addition
Name: MCGLYNN, SHARON B
Address: 6208 PETALUMA DR
City-St-Zip: BOCA RATON, FL 33433

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 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: SAHRON B MCGLYNN

CST

01/13/2006

Electronic Signature of Signing Officer or Director

_____ Date