

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001150

FILED
Apr 28, 2004
Secretary of State

Entity Name: SAAD'S PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

6207 COTTAGE HILL RD STE G
MOBILE, AL 36609

New Principal Place of Business:

2190 AIRPORT BLVD.
STE. 2450
PENSACOLA, FL 32504

Current Mailing Address:

6207 COTTAGE HILL RD STE G
MOBILE, AL 36609

New Mailing Address:

3939 BEE CAVE ROAD
SUITE B-1
AUSTIN, TX 78746

FEI Number: 63-1052154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCEO () Delete
Name: SAAD, DOROTHY S
Address: 6207 COTTAGE HILL ROAD, SUITE G
City-St-Zip: MOBILE, AL 36609

Title: VTD () Delete
Name: SAAD, ALEXANDER J
Address: 6207 COTTAGE HILL ROAD, SUITE G
City-St-Zip: MOBILE, AL 36609

Title: DV (X) Delete
Name: FULGHAM, HENRY B
Address: 6207 COTTAGE HILL ROAD, SUITE G
City-St-Zip: MOBILE, AL 36609

Title: S (X) Delete
Name: FULGHAM, BARBARA S
Address: 6207 COTTAGE HILL ROAD, SUITE G
City-St-Zip: MOBILE, AL 36609

Title: D (X) Delete
Name: SAAD, GREGORY
Address: 6207 COTTAGE HILL ROAD, SUITE G
City-St-Zip: MOBILE, AL 36609

Title: D (X) Delete
Name: SAAD, E J
Address: 6207 COTTAGE HILL ROAD, SUITE G
City-St-Zip: MOBILE, AL 36609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MCMAUDE, MICHAEL A
Address: 3939 BEE CAVE ROAD, STE. B-1
City-St-Zip: AUSTIN, TX 78746

Title: CFO (X) Change () Addition
Name: STEEL, ROBERT
Address: 3939 BEE CAVE ROAD, STE. B-1
City-St-Zip: AUSTIN, TX 78746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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 Section 119.07(3)(i), 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: MICHAEL MCMAUDE

CEO

04/28/2004

Electronic Signature of Signing Officer or Director

Date