2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 26, 2007 08:00 AM **DOCUMENT # K00414 Secretary of State** 1. Entity Name C.E.R. SERVICE, INC. Principal Place of Business Mailing Address 85581 CLAXTON ROAD 85581 CLAXTON ROAD YULEE, FL 32097 YULEE, FL 32097 CR2E034 (11/05) No Cha-P 01152007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2846793 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JAMES, BARRY DO NOT WRITE 85581 CLAXTON ROAD YULEE, FL 32097 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signeture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BARRY, JAMES NAME STREET ADDRESS 85581 CLAXTON ROAD CITY-ST-ZIP YULEE, FL 32097 000000605155 01/30/07-80025-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TOTE NAME STREET ADDRESS CITY-ST-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, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP