


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # K67412 1. Entity Name CAMBRIDGE MANAGEMENT SERVICES, INC.		
Principal Place of Business 650 S. NORTHLAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 650 S. NORTHLAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LECCESE, JACQUELINE COS 650 S. NORTHLAKE BLVD, SUITE 450 ALTAMONTE SPRINGS, FL 32701		
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: <u><i>Jaqueline Leccese</i></u> 2-3-06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000426927 02/20/06-80063-012 158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LECCESE, SALVADOR 650 S. NORTHLAKE BLVD, SUITE 450 ALTAMONTE SPRINGS, FL 32701	
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TITLE 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: <u><i>Jaqueline Leccese</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2-3-06</u> <u>407-645-5575</u> <small>Date Daytime Phone #</small>



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1909058	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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