2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24734

Entity Name: CIVIL SERVICES, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2394 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32246 US

Current Mailing Address: New Mailing Address:

2394 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32246 US

FEI Number: 59-2975137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRICE, WILLIAM R.

5275 RIVERTON ROAD

JACKSONVILLE, FL 32277 US

CHRISTOPHER E. MORSE
626 EGRET BLUFF LANE
JACKSONVILLE, FL 32211 US

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: CHRISTOPHER E. MORSE 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: PRICE, WILLIAM R., CHRISTOPHER E. MORSE, Name: Name: 5275 RIVERTON ROAD 626 EGRET BLUFF LANE Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: JACKSONVILLE, FL 32211

Title: S () Delete Title: () Change () Addition

 Name:
 NAJAFI, ALI A
 Name:

 Address:
 12458 MT. PLEASANT WOODS DR.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:

Title: EVP (X) Delete Title: () Change () Addition

 Name:
 MORSE, CHRIS,
 Name:

 Address:
 626 EGRET BLUFF LANE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32211
 City-St-Zip:

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.

SIGNATURE: CHRISTOPHER E. MORSE PTD 04/29/2008

Electronic Signature of Signing Officer or Director

Date