2008 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Jan 11, 2008 08:00 A	
DOCUMENT # L65740					Secretary of State
1. Entity Name BRISTOL MANAGEMENT SERVICES INC.					U
Principal Place of Business Mailing Address 1930 COMMERCE LANE 1930 COMMERCE LANE SUITE #1 SUITE #1 JUPITER, FL 33477 JUPITER, FL 33477					
			- * +	A ILOURNY RIE OKINY AKAY ALAY DINA DI	IF BARK OLDIF OLDI ALEM ALEMINAL ILANI
DO NOT WRITE IN THIS SPA			CE.	01072008 No Chg-P	CR2E034 (11/05)
				4. FEI Number 65-0192240	Applied For Not Applicable
		en en en sin en en	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Reg	istered Agent		an a	
INGLIS, NADINE 1930 COMMERCE LANE				DO NOT W	RITE
SUITE #1 JUPITER, FL 33477			•	IN THIS SF	PACE
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	· · · ·	
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					
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees	···· ··· ··· · · · · · · · · · · · · ·
10. TITLE	OFFICERS AND DIR	ECTORS	-		
NAME STREET ADDRESS CITY-ST-ZIP	INGLIS, STEVE 116 SANDPIPER CIRCLE E. JUPITER, FL			ماري ماري المراجع ماري ماري ماري ماري مواد المراجع بين ماري ماري ماري ماري ماري ماري ماري ماري	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD INGLIS, NADINE 116 SANDPIPER CIRCLE E			000000 01/14/08-	0780156 -80011-004 150.00
TITLE NAME STREET ADDRESS	JUPITER, FL	<u></u>			
CITY-ST-ZIP				DO NOT W	요즘은 슬픔을 안 하는 것 같아.
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	IN THIS SI	
TITLE			- · · · ,	1997 - 1997 -	
STREET ADDRESS CITY - ST-ZIP					
TITLE NAME STREET ADDRESS -CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filling 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:					
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