2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M13259

Entity Name: ALL BROWARD SERVICES, INC.

FILED Jan 12, 2009 Secretary of State

3700 OAK RIDGE LANE WESTON, FL 33331 US

Current Mailing Address: New Mailing Address:

P O BOX 5406

FT LADUERDAEL, FL 333105406 US

FEI Number: 59-2518956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MORGAMAN, PHILIP E.

1600 W COMMERCIAL BLVD
FT. LAUDERDALE, FL 33309 US

WILDE, LORRAINE C
3700 OAK RIDGE LANE
WESTON, FL 33331 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: LORRAINE C WILDE 01/12/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 LORRAINE, WILDE C
 Name:

 Address:
 3700 OAK RIDGE LANE
 Address:

 City-St-Zip:
 WESTON, FL 33331
 City-St-Zip:

Title: VS () Delete Title: () Change () Addition

 Name:
 LETZELTER, DIANNE,
 Name:

 Address:
 327 PALM BLVD
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33326
 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: LORRAINE C WILDE CEO 01/12/2009