2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2007 08:00 AM **Secretary of State DOCUMENT # M94760** 1. Entity Name 1ST FINANCIAL SERVICES GROUP, INC. Mailing Address Principal Place of Business % RONALD E. PRIEBE 9205 N EDISON AVE TAMPA, FL 33612 P. O. BOX 82339 TAMPA, FL 33682 No Chg-P 03192007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2909355 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PRIEBE, RONALD E. DO NOT WRITE 9205 N. EDISON AVE. TAMPA, FL 33612 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, typed or printed game of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE PRIEBE, RONALD E. NAME 9205 N. EDISON AVE STREET ADDRESS CITY -ST - ZIP TAMPA, FL 33612 U00000686269 04/09/07-80039-001 150.00 STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE 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 sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

3-26-07 230-68

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