2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State 04-13-2007 90180 014 ****70.00

DOCUMENT # N9400006282 1. Entity Name BOOTH SERVICES, INC.							04-13-2001	7 90180	014 ****7	70.00	
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			3. Mailing Addr	lailing Address							
Suite, Apt. #, etc. Su			Suite, Apt. 6	Suite, Apt. #, etc.			01302006	Chg-NP	CR2E0	37 (11/05)	
City & State Ci			City & State	City & State			4. FEI Number 59-3342				plied For t Applicable
Zip		Country	Zip		Country		5. Certificate	of Status Desired	7	\$8.75 Add	litional
•	6. Name	and Address of Current	Registered Agent				7. Name and	Address of New F	Registered		
				Name	Name						
HEDGREN, STEVE 5631 VAN DYKE RD LUTZ, FL 33558				Street A	Street Address (P.O. Box Number is Not Acceptable)						
•											i
					City				FL	Zip Code	8
8. The above the obligat	named entit	y submits this statement for lered agent.	the purpose of ch	nanging its regis	stered office or	r register	ed agent, or bot	th, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE .							_				
	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: Regis	stered Agent signati	ure required	when reinstating)		DATE		
	Ellina Ea										
	_	e is \$61.25 flay 1, 2007		ection Campaig ust Fund Contrib			\$5.00 May B Added to Fees			k payable to rtment of St	
10.	_	•	Tr	ust Fund Contrib			Added to Fees		rida Depai	rtment of St	ate
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TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R.N. Goodier, Secretary/ Director 64/03/2007 404-728-1300

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N9400006282							×, 4,0 g/	aurin	HEMT		
BOOTH	33 (Ruices, Inc	2								
Principal Place of Business 1424 NE EXPRESSWAY ATLANTA, GA 30329			Mailing Address 1424 NE EXPRESSWAY ATLANTA, GA 30329				4	0060	مالو	3	·''!!!
2. Principal Pla	ice of Busin	ess	3. Mailing Add	ress			1 (88) (100			, widd Sifft piwr	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01302006	Chg-NP	CR2E03	7 (11/05)	
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Zıp 				Zip Cou			<u> </u>	Status Desired	ا لكا	\$8.75 Addit Fee Required	
	6. Name	and Address of Current F	Registered Agen	t	Name		7. Name and /	Address of New 1	Registered A	.gent	
HEDGREN, S 5631 VAN DY LUTZ, FLORI	(KE RD	·	ing Correction			dress	(P.O. Box Number	is Not Acceptab	e)		
					City		 -		FL	Zip Code	
		y submits this statement for	the purpose of c	changing its req	gistered office or	registe	red agent, or both	ı, in the State of F	lorida. 1 am l	l lamiliar with, a	and accept
the obligation	ons of regist	ered agent,									
SIGNATURE											ļ
	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: RI	egistered Agent signatu	re require	d when reinstating)		DATE		
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10.		OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CHA	WGES TO OFFIC	ERS AND DI	RECTORS IN	
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12. Thereby indicates of the co	d on this rep prporation of d, or on an a	the information supplied with the receiver or supplemental report or the receiver or trustee emartachment with an address	th this filing does is true and accur powered to exec	rate and that m ute this report a e empowered.	the exemptions or signature shall as required by Cr	have tha	ne same legal ette	ect as if made und les; and that my n	er oath; that	I am an office	er or director or Block 11 if
CIGIVA	, UIL.	SIGNATURE AND TYPED OF	R PRINTED NAME OF				·· — · · · · ·	Date		Daytime Phone	