2006 FOR PROFIT CORPORATION ANNUAL REPORT

MENATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: __

FILED Feb 27, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT # P000000512 BERVICES, INC.	94			Secre	tary or State
Principal Plac 2100 LAKE I WINTER PAR		Mailing Address 2100 LAKE DRIVE WINTER PARK, FL 32789		<u> </u> 		
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01102008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3647874 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
2100 LAKE	I, MICHAEL	DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for things of registered agent. Signature, typed or provide name of registered agent and	ille if equicable PROTE Regions:	d Apent signature required	t when reinstaling)	oth, in the State of Flo	rica. I am familiar with, and accept
·	ay 1, 2006 Fee will be \$550.00		L) A00	ed to Fees		
10. IIILE HAME SIREEI ADDRESS CITY-SI-ZIP HILE MAME	PSTD GENERALI, MICHAEL P 2100 LAKE DRIVE WINTER PARK, FL 32789	RECTORS			488881 -2008-01	448784 -80023-021 150,00
STREET ADDRESS CHY-ST-ZIP TITLE MAME STREET ADDRESS CHY-ST-ZIP				DO	NOT W	RITE
NAME STREET ADDRESS CITY-SE-ZIP	_			IN '	THIS SF	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
name Street address City-SI-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 suppliemental 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 an an attachment with an address, with all other like empowered.						