

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT # P00000107999</b>		
<b>1. Entity Name</b> <b>IN HIS SERVICES INC.</b>		
<b>Principal Place of Business</b> <b>4920 14TH AVE N</b> <b>ST PETERSBURG, FL 33710</b>	<b>Mailing Address</b> <b>4920 14TH AVE N</b> <b>ST PETERSBURG, FL 33710</b>	
<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	Country	
<b>6. Name and Address of Current Registered Agent</b>		
<b>HOSTETLER, ULRIKE W</b> <b>4920 14TH AVE N</b> <b>ST PETERSBURG, FL 33710</b>		Name
		Street Address
		City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>		
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required)		
Signature, typed or printed name of registered agent and title if applicable.		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>
<b>10. OFFICERS AND DIRECTORS</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOSTETLER, ULRIKE W</b> <b>4920 14TH AVE N</b> <b>SAINT PETERSBURG, FL 33710</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>11.</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HOSTETLER, ULRIKE W</b> <b>4920 14TH AVE N</b> <b>SAINT PETERSBURG, FL 33710</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.</b>		
<b>SIGNATURE:</b> <i>Ulrike W. Hostetler</i> <b>Ulrike W. Hostetler</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		