2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072913

Entity Name: FONTAINE MANAGEMENT SERVICES, INC.

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3417 PENINSULA CR 3270 SUNTREE BLVD MELBOURNE, FL 32940 SUITE 217

MELBOURNE, FL 32940

Current Mailing Address: New Mailing Address:

3417 PENINSULA CR 3270 SUNTREE BLVD MELBOURNE, FL 32940 SUITE 217

MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 59-3742134 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:

FONTAINE, ROB

3417 PENINSULA CR

MELBOURNE, FL 32940 US

FONTAINE, ROB

3270 SUNTREE BLVD

SUITE 217

MELBOURNE, FL 32940 US SUITE 217
MELBOURNE, FL 32940 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: 04/10/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition FONTAINE, ROBERT WII FONTAINE, ROBERT WII Name: Name: 3417 PENINSULA CR 3270 SUNTREE BLVD SUITE 217 Address: Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: MELBOURNE, FL 32940

Title: **VPDS** Title: **VPDS** (X) Change () Addition () Delete FONTAINE, RHONDALEE M Name: Name: FONTAINE, RHONDALEE M 3417 PENINSULA CR Address: 3270 SUNTREE BLVD SUITE 217 Address: MELBOURNE, FL 32940 MELBOURNE, FL 32940 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT W. FONTAINE, II, PRESIDENT PRES 04/10/2007