

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070382

FILED
Jul 17, 2006
Secretary of State

Entity Name: SERVICE MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

1150 E ATLANTIC BLVD
POMPANO BCH, FL 33060

New Principal Place of Business:

300 S STATE RD 7
FT LAUEDERDALE, FL 33317

Current Mailing Address:

1150 E ATLANTIC BLVD
POMPANO BCH, FL 33060

New Mailing Address:

P.O. BOX 16718
PLANTATION, FL 33318

FEI Number: 03-0468749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST, 4 FLR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: GUSTAFSON, DAVID D
Address: 1150 E ATLANTIC BLVD
City-St-Zip: POMPANO BCH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: GUSTAFSON, DAVID D
Address: 300 S STATE RD 7
City-St-Zip: FT LAUDERDALE, FL 33317

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: DAVID D GUSTAFSON

DPS

07/17/2006

Electronic Signature of Signing Officer or Director

Date