2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109070

Entity Name: STATEWIDE FINANCIAL SERVICES, INC.

FILED Jan 17, 2006 Secretary of State

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

120 BURNSED PLACE 801 W. SR 436 OVIEDO, FL 32765 STE. 2065

ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

PO BOX 1552 801 W. SR 436 SANFORD, FL 32772

STE. 2065

ALTAMONTE SPRINGS, FL 32714

FEI Number: 33-1033449 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:

GARCIA, JOSUE GARCIA, JOSUE 120 BURNSED PLACE 801 W. ŚR 436 OVIEDO, FL 32765 STE. 2065

ALTAMONTE SPRINGS, FL 32765 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: 01/17/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

GARCIA, JOSUE GARCIA, JOSUE Name: Name: PO BOX 1552 Address: 801 W. SR 436, STE. 2065 Address: City-St-Zip: SANFORD, FL 32772 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: JOSUE GARCIA VD 01/17/2006