



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90045 011 ***150.00

DOCUMENT # P02000128340					
1. Entity Name TECHNOLOGY SERVICES, INCORPORATED @ USF					
Principal Place of Business 7320 E. FLETCHER AVE., STE. 165 TAMPA, FL 33637 US			Mailing Address 7320 E. FLETCHER AVE., STE. 165 TAMPA, FL 33637 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 47-0899811	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WURTHNER, MATTHEW J 7320 E. FLETCHER AVE., STE. 165 TAMPA, FL 33637			7. Name and Address of New Registered Agent Name: <u>Elizabeth B. Johnson, Esq., P.L.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1819 Richardson Place</u> <u>Tampa</u> City: <u>FL</u> Zip Code: <u>33606</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Elizabeth B. Johnson</u> (Hanging Member of Elizabeth B. Johnson, Esq., P.L.) April 20 '06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WURTHNER, MATTHEW J 7320 E. FLETCHER AVE., STE. 165 TAMPA, FL 33637	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John B. Harper 7320 E. Fletcher Ave., Ste 165 Tampa, FL 33637	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/24/06</u> Daytime Phone: #		