

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90199 012 ***150.00


DOCUMENT # P03000012778
 1. Entity Name
 MOBILE RELOCATION SERVICES INC.



Principal Place of Business Mailing Address
 5109 BAKERSFIELD PLACE 5109 BAKERSFIELD PLACE
 PLANT CITY, FL 33566 PLANT CITY, FL 33566

2. Principal Place of Business 3. Mailing Address
 5105 Bakersfield Ln 5105 Bakersfield Ln
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 N/A N/A

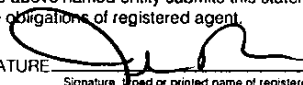
City & State City & State
 Plant City, FL Plant City, FL
 Zip Country Zip Country
 33566 USA 33566 USA



03142006 Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
 54-2102024 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BAKER, BILLY
 5109 BAKERSFIELD PLACE
 PLANT CITY, FL 33566

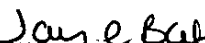
7. Name and Address of New Registered Agent
 Name Jeff Baker
 Street Address (P.O. Box Number is Not Acceptable)
 5105 Bakersfield Ln
 City Plant City FL Zip Code 33566

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  Jeff Baker DATE 4/7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	BAKER, BILLY 5109 BAKERSFIELD PLACE PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP	BAKER, WAYLON 1418 S FORBES RD PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE TD	JEFF, BAKER 5105 BAKERSFIELD PLACE PLANT CITY, FL 33566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP President Jeff Baker 5105 Bakersfield Ln Plant City, FL 33566
TITLE TD	BAKER, MYRA 5109 BAKERSFIELD PLACE PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE SD	BAKER, TAYLOR 5105 BAKERSFIELD PLACE PLANT CITY, FL 33566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:  Taylor Baker DATE 4/7/06 83967760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #