

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020956

FILED
Apr 25, 2006
Secretary of State

Entity Name: COMBS REPORTING SERVICES, INC.

Current Principal Place of Business:

4030 CAPALOSA CIRCLE
MELBOURNE, FL 32940 US

New Principal Place of Business:

2622 KUMQUAT DRIVE
EDGEWATER, FL 32141 US

Current Mailing Address:

4030 CAPALOSA CIRCLE
MELBOURNE, FL 32940 US

New Mailing Address:

2622 KUMQUAT DRIVE
EDGEWATER, FL 32141 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBS, LAURIE A
4030 CAPAROSA CIRCLE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

COMBS-DELOACH, LAURIE A
2622 KUMQUAT DRIVE
EDGEWATER, FL 32141 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: LAURIE COMBS-DELOACH

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COMBS, LAURIE A
Address: 4030 CAPAROSA CIRCLE
City-St-Zip: MELBOURNE, FL 32940 US

Title: C,P () Delete
Name: COMBS, LAURIE A
Address: 4030 CAPAROSA CIRCLE
City-St-Zip: MELBOURNE, FL 32940 US

Title: T,S () Delete
Name: COMBS, LAURIE A
Address: 4030 CAPAROSA CIRCLE
City-St-Zip: MELBOURNE, FL 32940 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: COMBS-DELOACH, LAURIE A
Address: 2622 KUMQUAT DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

Title: C,P (X) Change () Addition
Name: COMBS-DELOACH, LAURIE A
Address: 2622 KUMQUAT DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

Title: T,S (X) Change () Addition
Name: COMBS-DELOACH, LAURIE A
Address: 2622 KUMQUAT DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

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: LAURIE COMBS-DELOACH

CEO

04/25/2006

Electronic Signature of Signing Officer or Director

Date