

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 19, 2007  
Secretary of State**

DOCUMENT# P03000056189

Entity Name: GILLIGAN SERVICES, INC.

**Current Principal Place of Business:**

707 MULLET DRIVE  
SUITE 118  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

720 MULLET DRIVE  
SUITE N  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

707 MULLET DRIVE  
SUITE 118  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

720 MULLET DRIVE  
SUITE N  
CAPE CANAVERAL, FL 32920

FEI Number: 77-0600581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTINEZ, EVELYN  
707 MULLET DRIVE  
SUITE 118  
CAPE CANAVERAL, FL 32920 US

**Name and Address of New Registered Agent:**

MARTINEZ, EVELYN  
720 MULLET DRIVE  
SUITE N  
CAPE CANAVERAL, FL 32920 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: EVELYN MARTINEZ

07/19/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: MARTINEZ, EVELYN  
Address: 707 MULLET DRIVE, SUITE 118  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: SANTAYANA, GREGORIO  
Address: 707 MULLET DRIVE, SUITE 118  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: DPS (X) Change ( ) Addition  
Name: MARTINEZ, EVELYN  
Address: 55 NEEDLE BLVD., UNIT 63  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D (X) Change ( ) Addition  
Name: SANTAYANA, GREGORIO  
Address: 55 NEEDLE BLVD., UNIT 63  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Change (X) Addition  
Name: MITCHELL, LYNN R  
Address: 720 MULLET RD., SUITE N  
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify 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: EVELYN MARTINEZ

DPS

07/19/2007

Electronic Signature of Signing Officer or Director

Date