

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000109263

1. Entity Name

COMMON GROUND SERVICES, INC.



**FILED
May 07, 2008 8:00 am
Secretary of State**

05-07-2008 90114 026 ***150.00



1st MOORE CR2E034 (10/07)

| | | | |
|--|-----------------|--|-----------------|
| Principal Place of Business 8588 NW 2ND STREET CORAL SPRINGS FL 33071 | | Mailing Address 8588 NW 2ND STREET CORAL SPRINGS FL 33071 | |
| 2. Principal Place of Business - No P.O. Box # 9521 Buck Haven Trail Suite, Apt. #, etc. | | 3. Mailing Address 9521 Buck Haven Trail Suite, Apt. #, etc. | |
| City & State Tallahassee, FL | | City & State Tallahassee, FL | |
| Zip 32312 | Country Leon | Zip 32312 | Country Leon |
| 6. Name and Address of Current Registered Agent HAIRE, BENJAMIN H ESQ. 5100 WEST COPANS ROAD SUITE #900 MARGATE FL 33063 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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

Signature, typed or printed name of registered agent and state, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | |
|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 11. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

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|--|--|---|--|--|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GULA, ROBERT 8588 NW 2ND STREET CORAL SPRINGS FL 33071 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gula, Robert 9521 Buck Haven Trail Tallahassee, FL 32312 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GULA, DEBORAH 8588 NW 2ND STREET CORAL SPRINGS FL 33071 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gula, Deborah 9521 Buck Haven Trail Tallahassee, FL 32312 | <input 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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| 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 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

850-668-8772

Date

Daytime Phone #