2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2007 08:00 AN **DOCUMENT # P03000117097 Secretary of State** 1. Entity Name O'MÁLLEY SERVICES INC. Principal Place of Business Mailing Address 1704 MORNINGSIDE DRIVE 1704 MORNINGSIDE DRIVE ORLANDO, FL 32806 ORLANDO, FL 32806 01202007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1207307 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O'MALLEY, BRIAN P DO NOT WRITE 1704 MORNINGSIDE DRIVE ORLANDO, FL 32806 IN THIS SPACE 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 title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE O'MALLEY, BRIAN P MANIF STREET ADDRESS 1704 MORNINGSIDE DRIVE ORLANDO, FL 32806 CITY-ST-ZIP U000000G01004 TITLE 01/26/07-80034-002 150.00 NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-7/P IN THIS SPACE TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

HIGHATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR

1-20.07

407-721-9169

FILED