


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90106 015 ***150.00

DOCUMENT # P03000153001	
1. Entity Name LIQUORI SERVICES, INC.	

Principal Place of Business 460 MOHAWK TRAIL MERRITT ISLAND, FL 32953	Mailing Address 460 MOHAWK TRAIL MERRITT ISLAND, FL 32953
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 315 MAGNOLIA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 40 Anita McDaniel
City & State	City & State Merritt Island, FL
Zip	Zip 32952
Country	Country

40000110



01242008 Chg-P CR2E034 (12/06)

4. FEI Number 20-0494057	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LIQUORI, ANTHONY J 460 MOHAWK TRAIL MERRITT ISLAND, FL 32953	
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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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D LIQUORI, ANTHONY J
STREET ADDRESS	460 MOHAWK TRAIL
CITY - ST - ZIP	MERRITT ISLAND, FL 32953
TITLE	<input type="checkbox"/> Delete
NAME	VD MCDANIEL, ANITA S
STREET ADDRESS	315 MAGNOLIA AVE
CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Anita S. McDaniel</u>	Date: <u>3-17-08 (321) 459-1800</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

Anita S. McDaniel