

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115673

Entity Name: N2 SERVICES, INC.

FILED  
Sep 07, 2008  
Secretary of State

## Current Principal Place of Business:

2424 WILLOWBEND DR  
ST AUGUSTINE, FL 32092

## New Principal Place of Business:

5868 BRUSH HOLLOW RD  
JACKSONVILLE, FL 32258

## Current Mailing Address:

2424 WILLOWBEND DR  
ST AUGUSTINE, FL 32092

## New Mailing Address:

5868 BRUSH HOLLOW RD  
JACKSONVILLE, FL 32258

FEI Number: 20-1456545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AMMAIYAPPAN, NEMINATHAN  
2424 WILLOWBEND DR  
ST AUGUSTINE, FL 32092 US

## Name and Address of New Registered Agent:

AMMAIYAPPAN, NEMINATHAN  
5868 BRUSH HOLLOW RD  
JACKSONVILLE, FL 32258 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: NEMINATHAN

09/07/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: AMMIYAPPAN, NEMINATHAN  
Address: 2424 WILLOWBEND DR  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP ( ) Delete  
Name: PALAINATHAN, RAJ  
Address: 30387 PENNINGTON LANE  
City-St-Zip: NOVI, MI 48377

Title: OFF ( ) Delete  
Name: KODITHALA, KIRAN  
Address: 3540 CLEMMONS ROAD  
City-St-Zip: CLEMMONS, NC 27012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: AMMIYAPPAN, NEMINATHAN  
Address: 5868 BRUSH HOLLOW RD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: COPD (X) Change ( ) Addition  
Name: PALAINATHAN, RAJ  
Address: 30387 PENNINGTON LANE  
City-St-Zip: NOVI, MI 48377

Title: CTO (X) Change ( ) Addition  
Name: KODITHALA, KIRAN  
Address: 3540 CLEMMONS ROAD  
City-St-Zip: CLEMMONS, NC 27012

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: NEMINATHAN

PD

09/07/2008

Electronic Signature of Signing Officer or Director

Date