

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000115673

Entity Name: N2 SERVICES, INC.

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5868 BRUSH HOLLOW RD  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

5868 BRUSH HOLLOW RD  
JACKSONVILLE, FL 32258

**New Mailing Address:**

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  
5868 BRUSH HOLLOW RD  
JACKSONVILLE, FL 32258 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: AMMIYAPPAN, NEMINATHAN  
Address: 5868 BRUSH HOLLOW RD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: COPD  
Name: PALAINATHAN, RAJ  
Address: 30387 PENNINGTON LANE  
City-St-Zip: NOVI, MI 48377

Title: CEO  
Name: KODITHALA, KIRAN  
Address: 3540 CLEMMONS ROAD  
City-St-Zip: CLEMMONS, NC 27012

I hereby 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 all other like empowered.

SIGNATURE: NEMINATHAN AMMAIYAPPAN

PD

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date