2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145423

Address:

City-St-Zip:

4411 BEE RIDGE ROAD #489

SARASOTA, FL 34233

Entity Name: AUTHORIZED SERVICES, INC.

FILED Jun 29, 2005 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
4411 BEE RIDGE ROAD #489 SARASOTA, FL 34233			121 TRIPLE DIAMONI	121 TRIPLE DIAMOND BOULEVARD	
			4 VENICE, FL 34275		
			, , , , , , , , , , , , , , , , , , ,		
Current Mailing Address:			New Mailing Address:		
4411 BEE RIDGE ROAD #489 SARASOTA, FL 34233				121 TRIPLE DIAMOND BOULEVARD	
			4 VENICE, FL 34275		
FEI Number	: 20-1774961	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
5777 BEN SARASOT The above in the State	e of Florida.	US	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI					
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () RYAN, TODD 4411 BEE RIDO SARASOTA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () NELSON, JENN 4411 BEE RIDO SARASOTA, FL	SE ROAD #489	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () NELSON, CHAN	Delete ICE	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: TODD RYAN CEO 06/29/2005