2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007
Secretary of State

DOCUMENT# P04000170966

Entity Name: FAMILYMAN SERVICES INC

Current Principal Place of Business:

225 FIREBALL LN
N. FT. MYERS, FL 33917

New Principal Place of Business:

1418 NE 10TH LN
CAPE CORAL, FL 33909

Current Mailing Address:

225 FIREBALL LN
N. FT. MYERS, FL 33917

New Mailing Address:

1418 NE 10TH LN
CAPE CORAL, FL 33909

FEI Number: 20-2735933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUSCARELLA, FRANCIS J
225 FIREBALL LN
N. FT. MYERS, FL 33917 US

Name and Address of New Registered Agent:

MUSCARELLA, FRANCIS J
1418NE 10TH LN
CAPE CORAL, FL 33909 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: 07/30/2007
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: P ( ) Delete
Name: MUSCARELLA, FRANCIS J
Address: 1846 POWELL DRIVE #123
City-St-Zip: N. FT. MYERS, FL 33917

Title: VP ( ) Delete
Name: MUSCARELLA, DEBORAH A
Address: 1846 POWELL DRIVE #123
City-St-Zip: N. FT. MYERS, FL 33917

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MUSCARELLA, FRANCIS J
Address: 1418 NE 10TH LN
City-St-Zip: CAPE CORAL, FL 33909

Title: VP (X) Change ( ) Addition
Name: MUSCARELLA, DEBORAH A
Address: 1418 NE 10TH LN
City-St-Zip: CAPE CORAL, FL 33909

Title: O ( ) Change (X) Addition
Name: MUSCARELLA, CURTIS A
Address: 12497 W. OLD SPRING HOPE RD
City-St-Zip: MIDDLESEX, NC 27557

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: DEBORAH A. MUSCARELLA VP 07/30/2007
Electronic Signature of Signing Officer or Director — Date