

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000953

FILED
Apr 02, 2008
Secretary of State

Entity Name: UNDERGROUND SPECIALTY SERVICES, INC.

Current Principal Place of Business:

11938 NICOBAR CT
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

576 BATTERSEA DRIVE
SAINT AUGUSTINE, FL 32095 US

Current Mailing Address:

11938 NICOBAR CT
JACKSONVILLE, FL 32223 US

New Mailing Address:

576 BATTERSEA DRIVE
SAINT AUGUSTINE, FL 32095 US

FEI Number: 20-2103729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, JAMES R
11938 NICOBAR CT.
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

WILSON, JAMES R
576 BATTERSEA DRIVE
SAINT AUGUSTINE, FL 32095 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:

04/02/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, JAMES R
Address: 11938 NICOBAR CT.
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP () Delete
Name: WILSON, TRACIE
Address: 11938 NICOBAR CT.
City-St-Zip: JACKSONVILLE, FL 32223 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, JAMES R
Address: 576 BATTERSEA DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: VP (X) Change () Addition
Name: WILSON, TRACIE
Address: 576 BATTERSEA DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

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: TRACIE WILSON

VP

04/02/2008

Electronic Signature of Signing Officer or Director

Date