


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVAL  
AND  
FILED

06 DEC -6 AM 10: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P05000051805</b> 1. Entity Name <b>FACILITIES SERVICES OF AMERICA, INC.</b>	
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Principal Place of Business 1611 12TH ST. EAST SUITE C PALMETTO, FL 34221	Mailing Address 1611 12TH ST EAST SUITE C PALMETTO, FL 34222-1
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <i>P.O. BOX 1460</i>	Suite, Apt. #, etc.
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City & State NOKOMIS, FL	City & State NOKOMIS, FL	4. FEI Number 20-2633729
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Zip 34274-1460	Country SARASOTA	Zip 34274-1460	Country SARASOTA	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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12012006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  <b>LAUDENSLAGER, JOHN P</b> <b>1029 DELACROIX CIRCLE</b> <b>NOKOMIS, FL 34275</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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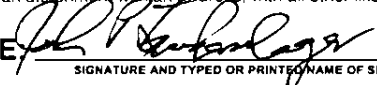
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, BASIL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1611 12TH ST EAST SUITE C	STREET ADDRESS	<b>400082328414</b>
CITY-ST-ZIP	PALMETTO, FL 342221	CITY-ST-ZIP	12/06/06--01059--001 **70.00
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<b>P D</b>
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<b>JOHN P. LAUDENSLAGER</b>
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<b>1029 DELACROIX CIR</b>
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<b>NOKOMIS, FL 34275</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**  **JOHN P. LAUDENSLAGER** 11/30/06 941-485-0225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #