


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

06 DEC -6 AM 10: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JSC*

DOCUMENT # P05000051805	
1. Entity Name FACILITIES SERVICES OF AMERICA, INC.	

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		3. Mailing Address <i>P.O. BOX 1460</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>NOKOMIS, FL</i>	
Zip	Country	Zip <i>34274-1460</i>	Country <i>SARASOTA</i>

12012006		Chg-P	CR2E034 (11/05)
4. FEI Number 20-2633729		Applied For Not Applicable	
5. Certificate of Status Desired		<i>X</i> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LAUDENSLAGER, JOHN P 1029 DELACROIX CIRCLE NOKOMIS, FL 34275	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	MAYS, BASIL
STREET ADDRESS	1611 12TH ST EAST SUITE C
CITY-ST-ZIP	PALMETTO, FL 342221
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400082328414
STREET ADDRESS	12/06/06--01059--001 ***70.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>P.D. JOHN P. LAUDENSLAGER</i>
STREET ADDRESS	<i>1029 DELACROIX CIR</i>
CITY-ST-ZIP	<i>NOKOMIS, FL 34275</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	DATE
<i>John P. Laudenslager</i>	<i>11/30/06</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #
<i>JOHN P. LAUDENSLAGER</i>	<i>741-485-0225</i>