## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 08:00 AN Secretary of State

DOCUMENT # P05000054132				Secretary of State
TOUSSAINT MANAGEMENT SERVICES, INC.				
Principal Plac	ce of Business N	Mailing Address	L	
· · · · · · · · · · · · · · · · · · ·				
	<del>.</del>	_		
DO NOT WRITE IN THIS SPACE			CE	04282008 No Chg-P CR2E034 (11/05)  4. FEI Number   Applied For
			_	16-1722222 Not Applicable
6 Normand Address of Courses Davids and Asset			5. Certificate of Status Desired Sa.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				
TOUSSAINT, FATAL 5001 NW 18TH STREET				DO NOT WRITE
LAUDERHILL, FL 33313				IN THIS SPACE
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				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Adde			.00 May Be ed to Fees	
10.	OFFICERS AND DIRE	CTORS ·		
TITLE NAME	TOUSSAINT, FATAL P			100000946538
STREET ADDRESS CITY-ST-ZIP	5001 NW 18 ST LAUDERHILL, FL 33313			U00000946538 05/30/08-80053-014 150.00
TITLE	***			
NAME STREET ADDRESS				
CITY-ST-ZIP				
NAME				
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE			•	IN THIS SPACE
NAME STREET ADDRESS				
CITY-ST-ZIP				
TITLE NAME				
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CITY-ST-ZIP			1	
NAME				
STREET ADDRESS CITY-ST-ZIP				
12. Thereby certify that the information supplied with this filing does not quality 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				

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR