2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P05000105779

Entity Name: BOLYARD SERVICES INC.

Current Principal Place of Business:

4557 BLUE PINE TRAIL
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

4557 BLUE PINE TRAIL
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 20-3555527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLYARD, PAUL
4557 BLUE PINE CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

WESTER, ROBERT JR
6685 FOREST HILL BLVD
SUITE 210
GREENACRES, FL 33413 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: ROBERT WESTER 05/01/2008
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: BOLYARD, PAUL
Address: 4557 BLUE PINE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete
Name: BOLYARD, LAURA
Address: 4557 BLUE PINE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: BOLYARD, DILLON
Address: 4557 BLUE PINE CIR.
City-St-Zip: LAKE WORTH, FL 33463

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: PAUL BOLYARD P 05/01/2008
Electronic Signature of Signing Officer or Director Date