## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139605

Entity Name: FIRST CLASS DOMESTIC SOLUTIONS, INC.

FILED Apr 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

117 EAST LAKE AVENUE 212 LA MIRAGE STREET

A DAVENPORT, FL 33897 US AUBURNDALE, FL 33823 US

Current Mailing Address: New Mailing Address:

117 EAST LAKE AVENUE 212 LA MIRAGE STREET

A DAVENPORT, FL 33897 US AUBURNDALE, FL 33823 US

FEI Number: 20-5130696 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOVONI MANAGEMENT SERVICES, INC.

MAURICE, MARSHALL P

117 EAST LAKE AVENUE 212 LA MIRAGE STREET
A DAVENPORT, FL 33897 US
AUBURNDALE, FL 33823 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: MAURICE MARSHALL 04/09/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 MARSHALL, MAURICE
 Name:
 MARSHALL, MAURICE

 Address:
 237 ST MARY'S ROAD, MOSTON
 Address:
 212 LA MIRAGE STREET

 City-St-Zip:
 MANCHESTER, MN M40 0BJ UK
 City-St-Zip:
 DAVENPORT, FL 33897 US

Title: D () Delete Title: D (X) Change () Addition

Name:MARSHALL, ANGELA MName:MARSHALL, ANGELA MAddress:237 ST MARY'S ROAD, MOSTONAddress:212 LA MIRAGE STREETCity-St-Zip:MANCHESTER, MN M40 0BJ UKCity-St-Zip:DAVENPORT, FL 33897 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MAURICE MARSHALL P 04/09/2007