2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156919

Entity Name: S.V.C.S. INC.

FILED Mar 24, 2008 Secretary of State

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

414 COURTNEY SPRINGS CIRCLE 1112 TWIN RIVERS BLVD WINTER SPRINGS, FL 32708 US OVIEDO, FL 32766 US

Current Mailing Address: New Mailing Address:

414 COURTNEY SPRINGS CIRCLE
WINTER SPRINGS, FL 32708 US

1112 TWIN RIVERS BLVD
OVIEDO, FL 32766 US

FEI Number: 20-3862351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VISNICKY, SCOTT S
414 COURTNEY SPRINGS CIRCLE
WINTER SPRINGS, FL 32708 US
VISNICKY, SCOTT S
1112 TWIN RIVERS BLVD
OVIEDO, FL 32766 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: 03/24/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition
Name: VISNICKY, SCOTT S
Address: 414 COURTNEY SPRINGS CIR. Address: 1112 TWIN RIVERS BLVD

Address: 414 COURTNEY SPRINGS CIR. Address: 1112 TWIN RIVERS BLVD City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: OVIEDO, FL 32766 US

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

Name:VISNICKY, ROSALINDA YName:VISNICKY, ROSALINDA YAddress:414 COURTNEY SPRINGS CIRCLEAddress:1112 TWIN RIVERS BLVDCity-St-Zip:WINTER SPRINGS, FL 32708City-St-Zip:OVIEDO, FL 32766

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: SCOTT S VISNICKY PRES 03/24/2008