2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000069042

Entity Name: MBP SERVICES, INC.

5843 SE 4TH AVE.

KEYSTONE HEIGHTS, FL 32656

Address:

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5843 SE 4TH AVE. KEYSTONE HEIGHTS, FL 32656 **Current Mailing Address: New Mailing Address:** 5843 SE 4TH AVE PO BOX 1866 KEYSTONE HEIGHTS, FL 32656 KEYSTONE HEIGHTS, FL 32656 FEI Number: 43-2035140 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: PELLERITO, MELISSA B 5843 SE 4TH AVE. KEYSTONE HEIGHTS, FL 32656 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PST () Delete Title: () Change () Addition PELLERITO, MELISSA B Name: Name: 5843 SE 4TH AVE. Address: Address: City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete PELLERITO, JOHN M Name: Name:

Address:

City-St-Zip:

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: MELISSA B. PELLERITO PST 04/27/2007