

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093714

FILED
Apr 27, 2007
Secretary of State

Entity Name: AGAPE SPECIALTY SERVICES, INC.

Current Principal Place of Business:

7630 OMNI LANE
APT 107
FORT MYERS, FL 33905

New Principal Place of Business:

1861 BRAMAN AVE
FORT MYERS, FL 33901

Current Mailing Address:

7630 OMNI LANE
APT 107
FORT MYERS, FL 33905

New Mailing Address:

1861 BRAMAN AVE
FORT MYERS, FL 33901

FEI Number: 20-5217149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: CIPRIANO, GLASIELA R
Address: 7630 OMNI LANE APT. 107
City-St-Zip: FORT MYERS, FL 33905

Title: VPD () Delete
Name: CIPRIANO SILVA, PAULO
Address: 7630 OMNI LANE APT. 107
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CIPRIANO, GLASIELA R
Address: 1861 BRAMAN AVE
City-St-Zip: FORT MYERS, FL 33901

Title: VPD (X) Change () Addition
Name: CIPRIANO SILVA, PAULO
Address: 1861 BRAMAN AVE
City-St-Zip: FORT MYERS, FL 33905

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: PAULO CIPRIANO DA SILVA

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04/27/2007

Electronic Signature of Signing Officer or Director

Date