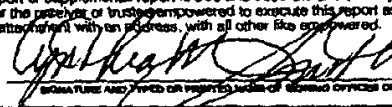


FILED  
Jun 08, 2007 8:00 am  
Secretary of State

05-18-2007 90022 048 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                                                                                                                 |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P06000094006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                |                                                                   |
| 1. Entity Name<br><b>BREAKTHROUGH BUSINESS SERVICES INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            |                                                                                                                                                                                                                 |                                                                   |
| Principal Place of Business<br><b>525 DOCTORS DRIVE<br/>OVIEDO, FL 32765 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | Mailing Address<br><b>525 DOCTORS DRIVE<br/>OVIEDO, FL 32765 US</b>                                                                                                                                             |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            | 3. Mailing Address                                                                                                                                                                                              |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            | Suite, Apt. #, etc.                                                                                                                                                                                             |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            | City & State                                                                                                                                                                                                    |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country                                                                                                    | Zip                                                                                                                                                                                                             | Country                                                           |
| 4. FEI Number<br><b>64-0963874</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                          |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            | \$8.75 Additional Fee Required                                                                                                                                                                                  |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>SMITH, CYNTHIA MARIE<br/>525 DOCTORS DRIVE<br/>OVIEDO, FL 32765</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                                                                            |                                                                   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when releasing)<br>Signature, typed or printed name of registered agent and title if applicable. DATE _____                                                                                                                                                                                                                                        |                                                                                                            |                                                                                                                                                                                                                 |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                           |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>SMITH, CYNTHIA MARIE<br>525 DOCTORS DRIVE<br>OVIEDO, FL 32765 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>HAMILTON, FREDRICK EDWARDS<br>525 DOCTORS DRIVE<br>OVIEDO, FL 32765 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SECR<br>SMITH, JACQUILINE VANETTA<br>525 DOCTORS DRIVE<br>OVIEDO, FL 32765 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TRE<br>SMITH, RONNIE J CALDWEL<br>525 DOCTORS DRIVE<br>OVIEDO, FL 32765 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP2<br>SMITH, RONNIE S NAKN<br>525 DOCTORS DRIVE<br>OVIEDO, FL 32765 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the president, or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                            |                                                                                                                                                                                                                 |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            | Gillian H. Smith 4/30/07 407-416-2573                                                                                                                                                                           |                                                                   |