2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102250

Entity Name: TOM BLAIR SERVICES, INC.

FILED Apr 20, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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P O BOX 1670 @ 449672 US HWY 301 449672 US HWY 301

CALLAHAN, FL 320111670 US NONE

P O BOX 1670 @ CALLAHAN, FL 320111670 US

Current Mailing Address: New Mailing Address:

54025 JEANNIE ROAD P O BOX 1670 @ 449672 US HWY 301

CALLAHAN, FL 320111670 US NONE

P O BOX 1670 @ CALLAHAN, FL 320111670 US

FEI Number: 20-5328788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BLAIR, THOMAS A BLAIR, THOMAS A 54025 JEANNIE ROAD 54025 JEANNIE ROAD

CALLAHAN, FL 320111670 US NONE

P O BOX 1670 @ CALLAHAN, FL 320111670 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: THOMAS AVERY BLAIR 04/20/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

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

CHAMBERS, JEANNIE V CHAMBERS, JEANNIE V Name: Name: 36167 RANMART WAY 54025 JEANNIE ROAD Address: Address:

City-St-Zip: CALLAHAN, FL 32011 US City-St-Zip: P O BOX 1670 @ CALLAHAN, FL 320111670 US

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

BLAIR, THOMAS A Name: Name: 54025 JEANNIE ROAD Address: Address:

P O BOX 1670 @ CALLAHAN, FL 320111670 US City-St-Zip: City-St-Zip:

Title: () Delete Title: NONE () Change (X) Addition

NONE, NONE Name: Name: 54025 JEANNIE ROAD Address Address:

City-St-Zip: City-St-Zip: P O BOX 1670 @ CALLAHAN, FL 320111670 US

Title: () Delete Title: NONE () Change (X) Addition Name:

NONE, NONE Name:

Address: Address: 54025 JEANNIE ROAD

City-St-Zip: City-St-Zip: P O BOX @ CALLAHAN, FL 320111670 US

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

Name: Name: NONE, NONE 54025 JEANNIE ROAD Address: Address:

City-St-Zip: City-St-Zip: P O BOX 1670 @ CALLAHAN, FL 320111670 US

Title: () Delete Title: NONE () Change (X) Addition

Name: Name: NONE, NONE 54025 JEANNIE ROAD Address: Address:

City-St-Zip: City-St-Zip: P O BOX 1670 @ CALLAHAN, FL 320111670 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: THOMAS AVERY BLAIR DPST 04/20/2007