2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000113615

Entity Name: SB IMMIGRATION & DOCUMENT SERVICES, INC.

FILED Mar 08, 2007 Secretary of State

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

12651 LONGCREST DRIVE 1927 US HWY 98

RIVERVIEW, FL 33569 US FROSTPOOF, FL 33843 US

Current Mailing Address: New Mailing Address:

12651 LONGCREST DRIVE 1927 US HWY 98

RIVERVIEW, FL 33569 US FROSTPROOF, FL 33843 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

MUIR, SUSAN D 12651 LONGCREST DRIVE MUIR, SUSAN D 1927 US HWY 98

RIVERVIEW, FL 33569 US FROSTPROOF, FL 33843 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: SUSAN MUIR 03/08/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P,S
 () Delete
 Title:
 P,S
 (X) C

 Name:
 MUIR, SUSAN D
 Name:
 MUIR, SUSAN D

 Address:
 12651 LONGCREST DRIVE
 Address:
 1927 US HWY 98

City-St-Zip: RIVERVIEW, FL 33569 US City-St-Zip: FROSTPROOF, FL 33843 US

Title: VP.T () Delete Title: VP.T (X) Change () Addition Name: BAUM, BARBARA A Name: BAUM, BARBARA A

Name: BAUM, BARBARA A Name: BAUM, BARBARA A
Address: 12651 LONGCREST DRIVE Address: 1927 US HWY 98
City-St-Zip: RIVERVIEW, FL 33569 US City-St-Zip: FROSTPROOF, FL 33843 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: SUSAN MUIR PRES 03/08/2007