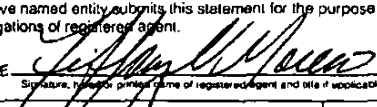
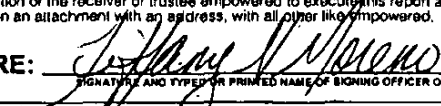


FILED
Jun 18, 2007 8:00 am
Secretary of State

05-09-2007 90110 030 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000143183			
1. Entity Name OTHELLO SERVICES, INC.			
Principal Place of Business 320 GORDON AVENUE SOUTH LEHIGH ACRES, FL 33971		Mailing Address 320 GORDON AVENUE SOUTH LEHIGH ACRES, FL 33971	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip		City & State Zip	
Country		Country	
4. FEI Number 20-5896309		Applied For Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Required		04052007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MORENO, TIFFANY 320 GORDON AVENUE SOUTH LEHIGH ACRES, FL 33971		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. SIGNATURE:  DATE: 4-13-07 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D MORENO, TIFFANY 320 GORDON AVENUE SOUTH LEHIGH ACRES, FL 33971			
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change 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 receiver 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: 		4-18-07 239-851-1180	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	