2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000003486

Entity Name: NH BUSINESS SERVICES, INC.

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2070 RINGLING BLVD SARASOTA, FL 34237 **Current Mailing Address: New Mailing Address:** 2070 RINGLING BLVD SARASOTA, FL 34237 FEI Number: 51-0623210 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: CAUSEY, OMER HERB, F. STEVE 2070 KINGLING BLVD 2070 RINGLING BLVD SARASOTA, FL 34237 US SARASOTA, FL 34237 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: F. STEVE HERB 03/12/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CAUSEY, OMER Name: Name: 2070 RINGLING BLVD Address: Address: SARASOTA, FL 34237 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: HERB, F. STEVE Name: 2070 RINGLING BLVD Address: Address: SARASOTA, FL 34237 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PEAL, GARY Name: Name: 2070 RINGLING BLVD Address: Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: Title: () Delete Title: () Change () Addition HANEWICH, MARK Name: Name: Address: 2070 RINGLING BLVD Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: Title: Title: () Delete () Change () Addition ROBINSON, ROBERT Name: Name: 2070 RINGLING BLVD Address: Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: Title: () Delete Title: () Change () Addition POLK, DOUGLAS Name: Name: 2070 RINGLING BLVD Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34237

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: F. STEVE HERB D 03/12/2009