

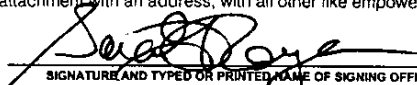


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90010 020 \*\*\*150.00

<b>DOCUMENT # P07000101500</b> 1. Entity Name <b>OTH SERVICES INC.</b>					
Principal Place of Business <b>7887 BRYAN DAIRY RD. STE 320 LARGO, FL 33777 US</b>			Mailing Address <b>7887 BRYAN DAIRY RD. STE. 320 LARGO, FL 33777 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3001 WOODLAND CENTER BLVD</b>		3. Mailing Address <b>3001 WOODLAND CENTER BLVD</b>		  03242008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. <b>SUITE 200</b>		Suite, Apt. #, etc. <b>SUITE 200</b>			
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>			
Zip <b>33614</b>		Zip <b>33614</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>51-064 6655</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SALEM, RICHARD J 101 E. KENNEDY BLVD. STE. 3220 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P SALEM, RICHARD J 101 E. KENNEDY BLVD., STE. 3220 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYER, SARA G 101 E. KENNEDY BLVD., STE. 3220 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T ROYER, SARA G 101 E. KENNEDY BLVD., STE 3220 TAMPA, FL 33602	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 			3/26/08 813-222-3294		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		