## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000007313

Entity Name: EXPEDITE REPORTING SERVICES, INC.

11211 S. MILITARY TRAIL, #5124

BOYNTON BEACH, FL 33436 US

Address: City-St-Zip: FILED Apr 12, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
11211 S. N #5124	/IILITARY TRAIL				
	N BEACH, FL 33	3436 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	/IILITARY TRAIL				
#5124 BOYNTON	N BEACH, FL 33	3436 US			
FEI Number:	: 77-0710628	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			: Name and Address of	Name and Address of New Registered Agent:	
#5124	LEE M MILITARY TRAIL N BEACH, FL 33				
	named entity su e of Florida.	ubmits this statement for t	he purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered	Agent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () [ WALKER, LEE M 11211 S. MILITA BOYNTON BEAC	RY TRAIL, #5124	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () [ WALKER, LEE M 11211 S. MILITAI BOYNTON BEAC	RY TRAIL, #5124	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	S/T ()[ WALKER, LEE M	Delete 1	Title: ( Name:	) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LEE M. WALKER P/VP 04/12/2009