2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# P08000017967

Entity Name: EAST VIEW SERVICES, INC.

Current Principal Place of Business:

940 VILLAGE TRAIL #5-205
PORT ORANGE, FL 32127 US

New Principal Place of Business:

3458 PEGASO AVE
NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address:

3458 PEGASO AVE.
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

3458 PEGASO AVE
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 26-1998622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST. SUITE 500
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

PARTOVI, ALIREZA
3458 PEGASO AVE
NEW SMYRNA BEACH, FL 32168 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: ALIREZA PARTOVI 02/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: PARTOVI, ALIREZA
Address: 940 VILLAGE TRAIL #5-205
City-St-Zip: PORT ORANGE, FL 32127 US

Title: D (X) Delete
Name: PARTOVI, ALIREZA
Address: 940 VILLAGE TRAIL #5-205
City-St-Zip: PORT ORANGE, FL 32127 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: PARTOVI, ALIREZA
Address: 3458 PEGASO AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALIREZA PARTOVI PVST 02/26/2009
Electronic Signature of Signing Officer or Director Date