2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# P08000096498

Entity Name: MCCALLON SUPPORT SERVICES, INC.

Current Principal Place of Business:

2285 MARSH HAWK LANE #6107
FLEMING ISLAND, FL 32003

New Principal Place of Business:

2285 MARSH HAWK LANE #12101
FLEMING ISLAND, FL 32003

Current Mailing Address:

2285 MARSH HAWK LANE #6107
FLEMING ISLAND, FL 32003

New Mailing Address:

2285 MARSH HAWK LANE #12101
FLEMING ISLAND, FL 32003

FEI Number: 26-3628586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCALLON, DIANNA B
2285 MARSH HAWK LANE #6107
FLEMING ISLAND, FL 32003 US

Name and Address of New Registered Agent:

MCCALLON, DIANNA B
2285 MARSH HAWK LANE #12101
FLEMING ISLAND, FL 32003 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: DIANNA B MCCALLON 01/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVPT ( ) Delete
Name: MCCALLON, DIANNA B
Address: 2285 MARSH HAWK LANE #6107
City-St-Zip: FLEMING ISLAND, FL 32003

Title: S (X) Delete
Name: MCCALLON, DIANNA B
Address: 2285 MARSH HAWK LANE #6107
City-St-Zip: FLEMING ISLAND, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change ( ) Addition
Name: MCCALLON, DIANNA B
Address: 2285 MARSH HAWK LANE #12101
City-St-Zip: FLEMING ISLAND, FL 32003

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: DIANNA B. MCCALLON PDST 01/29/2009
Electronic Signature of Signing Officer or Director Date