

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000098838

FILED
Apr 20, 2009
Secretary of State

Entity Name: BUSINESS DEVELOPMENT SERVICES INC

Current Principal Place of Business:

7500 UNIVERSAL BLVD
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7500 UNIVERSAL BLVD
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 80-0297340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAFETY BUSINESS LLC
6220 S ORANGE BLOSSOM TRAIL
603
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GALBIATTI, TEREZINHA P
Address: RUA DR ALIPIO DOS SANTOS 10-19/63
City-St-Zip: BAURU, SP 17012-136 BR

Title: DVP () Delete
Name: HADBA, CARLA
Address: 5036 LINDSAY CT
City-St-Zip: ORLANDO, FL 32821 US

Title: DS () Delete
Name: LANCASTER, MARTHA P
Address: 2801 WOODRUFF DR
City-St-Zip: ORLANDO, FL 32837 US

Title: CEO () Delete
Name: GALBIATTI, NIVALDO P
Address: 5362 SHINGLE CREEK DR
City-St-Zip: ORLANDO, FL 32821 US

Title: DO () Delete
Name: MAGUINA, JOSEFA M
Address: 10505 LARSON CT
City-St-Zip: ORLANDO, FL 32821 US

Title: D () Delete
Name: DOS REIS, FABIANO L
Address: 4622 PINE BARK AVE
City-St-Zip: ORLANDO, FL 32811 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: TEREZINHA P. GALBIATTI

DP

04/20/2009

Electronic Signature of Signing Officer or Director

Date