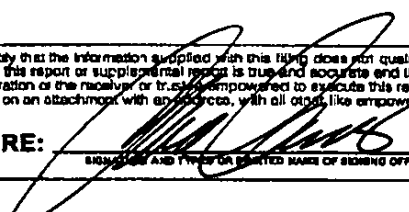


Apr 25 2006 10:56AM HP LASERJET FAX

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-15-2006 90041 011 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000037647		
1. Entity Name SERVICES VESTATURE DEVELOPMENT CORP.		
Principal Place of Business 378 CENTER POINTE CIRCLE ALTAMONTE SPRINGS, FL 32701		Mailing Address 378 CENTER POINTE CIRCLE ALTAMONTE SPRINGS, FL 32701
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MORRIS, ALLEN W 378 CENTER POINTE CR 1272 ALTAMONTE SPRINGS, FL 32701		4. FEI Number 59-3323544
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		Applied For ☐ Not Applicable
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 _____ Signature: typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORRIS, ALLEN 1041 WINDSONG CIR APOPKA, FL 32703	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 addressee, with all other like empowered.		
SIGNATURE: 		6/12/06
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Day - mo - Year