
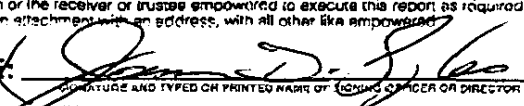


FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90042 027 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000050346 1. Entity Name SIU SERVICES, INC.		
Principal Place of Business 2101 CORPORATE BLVD., SUITE 415 BOCA RATON, FL 33431		Mailing Address 2101 CORPORATE BLVD., SUITE 415 BOCA RATON, FL 33431
2. Principal Place of Business 2711 Middleburg Suite, Apt. #, etc. Ste 305		3. Mailing Address 2711 Middleburg Suite, Apt. #, etc. Ste 305
City & State Columbia SC		City & State Columbia SC
Zip 29204 Country USA		Zip 29204 Country USA
4. FEI Number 65-0596858		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ALEXANDER, KAREN L 5737 OKEECHOBEE BLVD. SUITE 201 W. PALM BEACH, FL 33417		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ <small>Signature, name or printed name of registered agent and FEI # applicable. (NOT: Registered Agent signature required when transferring) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing (Trust Fund Contribution) <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input checked="" type="checkbox"/> Delete SZYMONIAK, LYNN E 2101 CORPORATE BLVD., SUITE 415 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <input type="checkbox"/> Delete LYLES, JIM 1201 MAIN STREET 1470 COLUMBIA, SC	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered.		
SIGNATURE: 		3-24-05