2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000059796

1. Entity Name
FOCUS BUSINESS SERVICES, INC.



Principal Place of Business

3180 HOLIDAY SPRINGS BLVD. BUILDING 5 - ROOM 306 MARGATE, FL 33063 Mailing Address

3180 HOLIDAY SPRINGS BLVD. BUILDING 5 - ROOM 306 MARGATE, FL 33063

FILED Mar 06, 2006 08:00 AM Secretary of State

CR2E034 (†1/05)

Fee Required

Daytima Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number			Applied For	
65-06	80826		Not Applicable	
5. Certifica	te of Status Desired		\$8.75 Additional	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

No Chg-P

03012006

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 title if applicable. (NOTE. Registered Agent signature (aquited when reinstating). DATE								
FILE NOW!!! FEE 15 \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	D PACELLA, LOUIS 3180 HOLIDAY SPRINGS BLVD. MARGATE, FL 33083							
TITLE MAME STREET ADDRESS CITY - ST - ZIP					U00000458558 03/17/96-80058-011 150.00			
TITLE NAME STREET ADDRESS CITY -ST-ZIP				DO	NOT WRITE			
TITLE NAME SIREET ADDRESS C(TY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
Title NAME STREET ADDRESS CITY-ST-2IP								
12. Thereby certify that the information supplied with this filling 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 path; 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.								