2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2007 08:00 AM Secretary of State

ANNUAL REPORT				Feb 22, 2007 08:00			
DOCUMENT # P96000059796 1. Entity Name FOCUS BUSINESS SERVICES, INC.					Se	ecretar	y of Sta
3180 HOLIDAY SPRINGS BLVD. BUILDING 5 - ROOM 306		Mailing Address 3180 HOLIDAY SPRINGS BLVD. BUILDING 5 - ROOM 306 MARGATE, FL 33063		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
do not write in this spa			☆ (==	02152007	No Chg-P	CR2E034 (
				4. FEI Number 65-068			Applied For Not Applicable
				·	of Status Desired		75 Additional Required
	8. Name and Address of Current Re	gistered Agent		<u></u>	······································		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				do not write In this space			
8. The above the obligated SIGNATURE.	a named entity submits this statement for the titions of registered agent. Signature, typed or printed name of registered agent and		ed office or register		n, in the State of Flo	rida. I am famili	ar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campalgn Finar Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	D PACELLA, LOUIS 3180 HOLIDAY SPRINGS BLVD. MARGATE, FL 33063						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U000006 03/02/07-8	344380 30040-004	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	not w	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				M	HIS SP	ACE	
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 address, with all other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECT

LOUIS FACE/A

2/18/07

Daytime Phone #