

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000084798

Entity Name: FIADA SERVICES CORP., INC.

FILED  
Jan 04, 2006  
Secretary of State

## Current Principal Place of Business:

4162 EDGEWATER DRIVE  
ORLANDO, FL 328042296

## New Principal Place of Business:

3116 CAPITAL CIRCLE NE  
8  
TALLAHASSEE, FL 32308

## Current Mailing Address:

4162 EDGEWATER DRIVE  
ORLANDO, FL 328042296

## New Mailing Address:

3116 CAPITAL CIRCLE NE  
8  
TALLAHASSEE, FL 32308

FEI Number: 59-3443080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETERS, LARRY  
4162 EDGEWATER DRIVE  
ORLANDO, FL 328042296 US

## Name and Address of New Registered Agent:

PETERS, LARRY  
3116 CAPITAL CIRCLE NE  
8  
TALLAHASSEE, FL 32308 US

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: LARRY PETERS

01/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NOEGEL, LARRY  
Address: 1018 N TEMPLE AVENUE  
City-St-Zip: STARKE, FL 320912113

Title: D ( ) Delete  
Name: SCOTT, DON  
Address: 5901 S PINE AVE  
City-St-Zip: OCALA, FL 344807512

Title: D ( ) Delete  
Name: WINTERICK, JIM  
Address: 3033 NW 36TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: MD ( ) Delete  
Name: PETERS, LARRY  
Address: 4162 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 328042296

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KEES, KELLIE  
Address: 4200 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32308

Title: D (X) Change ( ) Addition  
Name: MARBAIS, STEVE  
Address: 1207 N. LAKEWOOD AVENUE  
City-St-Zip: OCOEE, FL 34761

Title: D (X) Change ( ) Addition  
Name: WINTERICK, JIM JR  
Address: 3033 NW 36TH STREET  
City-St-Zip: MIAMI, FL 33142

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY PETERS

MD

01/04/2006

Electronic Signature of Signing Officer or Director

Date