

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000084798

Entity Name: FIADA SERVICES CORP., INC.

FILED
May 18, 2007
Secretary of State

Current Principal Place of Business:

3116 CAPITAL CIRCLE NE
8
TALLAHASSEE, FL 32308

New Principal Place of Business:

1840 FIDDLER COURT
TALLAHASSEE, FL 32308

Current Mailing Address:

3116 CAPITAL CIRCLE NE
8
TALLAHASSEE, FL 32308

New Mailing Address:

1840 FIDDLER COURT
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
3116 CAPITAL CIRCLE NE
8
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

PETERS, LARRY
1840 FIDDLER COURT
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

05/18/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: D () Delete
Name: WINTERICK, JIM JR
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: MD (X) Change () Addition
Name: PETERS, LARRY
Address: 1840 FIDDLER COURT
City-St-Zip: TALLAHASSEE, FL 322308

I hereby certify that the information supplied with this filing does not qualify 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

05/18/2007

Electronic Signature of Signing Officer or Director

Date