2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000084798

Entity Name: FIADA SERVICES CORP., INC

FILED Jan 25, 2008 Secretary of State

analy name: The bridge dentity, into					
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	DLER COURT SEE, FL 3230	8			
Current Mailing Address:			New Mailing Address:		
1840 FIDDLER COURT TALLAHASSEE, FL 32308					
FEI Number:	59-3443080	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	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:					
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () I KEES, KELLIE 4200 WEST COL ORLANDO, FL 3		Title: Name: Address: City-St-Zip:	D (X) Change () Addition COX, DAVID 4543 W. HILLSBOROUGH AVENU TAMPA, FL 33614	
Title: Name: Address: City-St-Zip:	D () I MARBAIS, STEV 1207 N. LAKEWO OCOEE, FL 347	OOD AVENUE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition KAGILLIERY, JIM 5002 GATE PARKWAY, SUITE 208 JACKSONVILLE, FL 32256	
Title: Name: Address: City-St-Zip:	D () I WINTERICK, JIN 3033 NW 36TH S MIAMI, FL 3314	STREET	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HICKEY, GEORGE P.O. BOX 10769 TAMPA, FL 33679	
Title: Name: Address: City-St-Zip:	MD () I PETERS, LARRY 1840 FIDDLER (TALLAHASSEE,	COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition KEES, KELLIE 4200 W. COLONAL DRIVE ORLANDO, FL 32808	

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 01/25/2008