


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90012 048 ***150.00

DOCUMENT # P96000092633

1. Entity Name
 EXPERT SERVICES, INC.



Principal Place of Business Mailing Address
 1253 SW PINETREE TRAIL 8865 SW CHERRY LANE
 STUART, FL 34997 STUART, FL 34997

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1055 SE SALERNO RD SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.
 SAME

City & State City & State
 STUART, FLORIDA SAME

Zip Country Zip Country
 34997 MARTIN SAME SAME

6. Name and Address of Current Registered Agent

SHAW, DALE
 1253 SW PINETREE TRAIL
 STUART, FL 34997

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

I, the above named entity, submit 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: Dale Shaw DATE: 1-22-08

Signature: typed or printed name of registered agent and title if applicable (NO!) Registered Agent signature required when reinstating DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, DALE	
STREET ADDRESS	1253 SW PINETREE TRAIL	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1055 SE SALERNO RD.	
CITY-ST-ZIP	STUART, FLORIDA 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Dale Shaw DATE: 1-22-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #