2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028327

Entity Name: SALSERV, INC.

FILED Feb 17, 2005 Secretary of State

300 LOST LAKE DRIVE 214 THRUSH AVENUE LAKE PLACID, FL 33852 SEBRING, FL 33872

Current Mailing Address: New Mailing Address:

300 LOST LAKE DRIVE 214 THRUSH AVENUE LAKE PLACID, FL 33852 SEBRING, FL 33872

FEI Number: 65-0739760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALIBA, TOMMY G
300 LOST LAKE DRIVE
LAKE PLACID, FL 33852 US
SALIBA, TOMMY G
214 THRUSH AVENUE
SEBRING, FL 33872 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: TOMMY G. SALIBA 02/17/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: MR (X) Change () Addition Name: SALIBA, TOMMY G Name: SALIBA, TOMMY G CEO Address: 300 LOST LAKE DRIVE Address: 214 THRUSH AVENUE

 Address:
 300 LOST LAKE DRIVE
 Address:
 214 THRUSH AVENUE

 City-St-Zip:
 LAKE PLACID, FL 33852
 City-St-Zip:
 SEBRING, FL 33872

Title: () Delete Title: MR () Change (X) Addition
Name: MAYO. MICHAEL EVP

 Name:
 Name:
 MAYO, MICHAEL EVP

 Address:
 Address:
 214 THRUSH AVENUE

 City-St-Zip:
 City-St-Zip:
 SEBRING, FL 33872

Title: () Delete Title: MRS () Change (X) Addition

 Name:
 Name:
 MAYO, MELANIE SVP

 Address:
 Address:
 214 THRUSH AVENUE

 City-St-Zip:
 City-St-Zip:
 SEBRING, FL 33872

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TOMMY G. SALIBA CEO 02/17/2005