

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070157

FILED
Mar 29, 2007
Secretary of State

Entity Name: OFFSHORE TRUST SERVICE INC.

Current Principal Place of Business:

3350 BUSCHWOOD PARK DRIVE
SUITE 160
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3350 BUSCHWOOD PARK DRIVE
SUITE 160
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3462000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRITHFIELD, DUANE
3350 BUSCHWOOD PARK DRIVE
SUITE 160
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: CRITHFIELD, JOSH
Address: 3350 BUSCHWOOD PARK DRIVE, SUITE 160
City-St-Zip: TAMPA, FL 33618

Title: DIR () Delete
Name: CRITHFIELD, DUANE
Address: 3350 BUSCHWOOD PARK DRIVE, SUITE 160
City-St-Zip: TAMPA, FL 33618

Title: DIR () Delete
Name: MCNAMEE, DAVID
Address: 3350 BUSCHWOOD PARK DRIVE, SUITE 160
City-St-Zip: TAMPA, FL 33618

Title: VP/T () Delete
Name: KLEM, KASEY
Address: 3350 BUSCHWOOD PARK DRIVE, SUITE 160
City-St-Zip: TAMPA, FL 33618

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: () 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: JOSH CRITHFIELD

PD

03/29/2007

Electronic Signature of Signing Officer or Director

_____ Date