2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005
Secretary of State

DOCUMENT# P97000084707

Entity Name: SERVICODE AMERICA INC.

Current Principal Place of Business:

1721 CROSSVINE CT
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

1721 CROSSVINE CT
TRINITY, FL 34655 US

Current Mailing Address:

1721 CROSSVINE CT
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

1721 CROSSVINE CT
TRINITY, FL 34655 US

FEI Number: 59-3472727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TELLO, GUILLERMO A
1721 CROSSVINE CT
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

TELLO, GUILLERMO A
1721 CROSSVINE CT
TRINITY, FL 34655 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: 02/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TELLO, GUILLERMO
Address: 1721 CROSS VINE CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VD ( ) Delete
Name: TELLO, CONSTANZA M
Address: 1721 CROSS VINE CT
City-St-Zip: NEW PORT RICHEY, FL 344655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TELLO, GUILLERMO
Address: 1721 CROSS VINE CT
City-St-Zip: TRINITY, FL 34655

Title: VD (X) Change ( ) Addition
Name: TELLO, CONSTANZA M
Address: 1721 CROSS VINE CT
City-St-Zip: TRINITY, FL 344655

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: GAT PD 02/28/2005
Electronic Signature of Signing Officer or Director Date