

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000006773

Entity Name: ALLYN SERVICES, INC.

FILED
Sep 06, 2005
Secretary of State

Current Principal Place of Business:

801 WHITE POINT ROAD
SUITE 19
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 5175
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-3495288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

RECK, ALAN M
801 WHITE POINT ROAD
NICEVILLE, FL 32578 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: ALAN M. RECK

09/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RECK, ALAN M
Address: 801 WHITE POINT ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: VPS () Delete
Name: RECK, CAROLYN
Address: 801 WHITE POINT ROAD
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RECK, ALAN M
Address: 801 WHITE POINT ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: VPSD (X) Change () Addition
Name: RECK, CAROLYN
Address: 801 WHITE POINT ROAD
City-St-Zip: NICEVILLE, FL 32578

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: ALAN M. RECK

PD

09/06/2005

Electronic Signature of Signing Officer or Director

Date