2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000041697

FLORIDA NOTARY SERVICE AND BONDING, INC.



Principal Place of Business

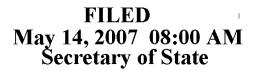
Mailing Address

550 HULET DR.

SUITE 105 BLOOMFIELD HILLS, MI 48302 550 HULET DR.

SUITE 105

BLOOMFIELD HILLS, MI 48302





DO NOT WRITE IN THIS SPACE

CR2E034 (11/05)

4. FEI Number 38-3420405

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANG, DOUGLAS A 660 E JEFFERSON ST TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rematating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS				
THILE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, PATRICK J 550 HULET DR., SUITE 105 BLOOMFIELD HILLS, MI 48302				
NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, KATHLEEN A 550 HULET DR., SUITE 105 BLOOMFIELD HILLS, MI 48302				000000764002 05/30/07-80038-009 150.00
INTLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, JOHN P 550 HULET DR., SUITE 105 BLOOMFIELD HILLS, MI 48302			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME .					

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 a

CITY-ST-ZIP

-10-07