## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S18816

Entity Name: S.E.R.V.E. PROGRAM, INC.

FILED Apr 11, 2006 Secretary of State

US

Current Principal Place of Business: New Principal Place of Business:

213 SE 9 STREET 213 SE 9 STREET

UNIT #1 UNIT #2

FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316

Current Mailing Address: New Mailing Address:

PO BOX 15730 PO BOX 14516

PLANTATION, FL 33318 FORT LAUDERDALE, FL 33302

FEI Number: 65-0253540 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:

MCCLAIN, MICHAEL

MARCUS, JOEL CPA

213 SE 9 STREET

676 PROSPECT ROAD

UNIT #1 FORT LAUDERDALE, FL 33316 US FORT LAUDERDALE, FL 33316 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: JOEL MARCUS, CPA 04/11/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: () Change () Addition

 Name:
 MCCLAIN, MICHAEL
 Name:

 Address:
 213 SE 9 STREET, UNIT #1
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33316
 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: MICHAEL L. MCCLAIN DPS 04/11/2006