

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004453

FILED
Feb 01, 2007
Secretary of State

Entity Name: CARDINAL POINT SERVICES, P.S.C., INC.

Current Principal Place of Business:

615 DELZAN PLACE
LEXINGTON, KY 40503

New Principal Place of Business:

Current Mailing Address:

615 DELZAN PLACE
LEXINGTON, KY 40503

New Mailing Address:

FEI Number: 20-4964851 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 323012525 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: SHERRARD, HAROLD
Address: 615 DELZAN PLACE
City-St-Zip: LEXINGTON, KY 40503

Title: VD () Delete
Name: CONLEY, SUSAN
Address: 615 DELZAN PLACE
City-St-Zip: LEXINGTON, KY 40503

Title: STD () Delete
Name: RITCHIE, ANDREW
Address: 615 DELZAN PLACE
City-St-Zip: LEXINGTON, KY 40503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GARLAND, STEPHEN E
Address: 615 DELZAN PLACE
City-St-Zip: LEXINGTON, KY 40503

Title: VP (X) Change () Addition
Name: CONLEY, SUSAN J
Address: 615 DELZAN PLACE
City-St-Zip: LEXINGTON, KY 40503

Title: PRES (X) Change () Addition
Name: RITCHIE, ANDREW P
Address: 615 DELZAN PLACE
City-St-Zip: LEXINGTON, KY 40503

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: ANDREW P RITCHIE

PRES

02/01/2007

Electronic Signature of Signing Officer or Director

_____ Date