## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000098361

FILED Jan 13, 2004 Secretary of State

Entity Name: TRUEVANCE MANAGEMENT INC

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
255 LAKE	E GRAY BLVD	).		
OUTE #4	מעוד דו מס	244		
AUKSUN	IVILLE, FL 32	244		
urrent M	lailing Addre	ss:	New Mailing Addres	ss:
.O. BOX ACKSON	440879 IVILLE, FL 32	2220879		
El Number	: 74-3061278	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
lame and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
,	MES W	A/ DD		
1497 <sup>°</sup> SHA ACKSON he above	ADY MEADON VILLE, FL 32 named entity	258	e purpose of changing its registere	ed office or registered agent, or both,
1497 SHA ACKSON he above the State	ADY MEADON IVILLE, FL 32 named entity of Florida.	258	e purpose of changing its registere	ed office or registered agent, or both,
1497 SHA ACKSON he above the State	ADY MEADON IVILLE, FL 32 named entity of Florida. RE:	258 submits this statement for th		
1497 <sup>°</sup> SHA ACKSON he above the State	ADY MEADON IVILLE, FL 32 named entity of Florida. RE:	258		ed office or registered agent, or both,  Date
1497 SHACKSON ACKSON ne above the State IGNATUI	ADY MEADON IVILLE, FL 32 named entity e of Florida. RE: Electro	258 submits this statement for th		
1497 SHA ACKSON he above the State IGNATUI	ADY MEADON IVILLE, FL 32 named entity e of Florida. RE: Electro	submits this statement for the statement for the statement for the submits this statement for the submits statement for th	Agent	
1497 SHACKSON THE ABOVE THE STATE  CONTRACT  C	ADY MEADON IVILLE, FL 32 Inamed entity of Florida.  RE: Electro Impaign Financir S AND DIRECTO D ( TRUE, JAMES P.O. BOX 440	submits this statement for the nic Signature of Registered Ang Trust Fund Contribution ( ).  CTORS:  ) Delete W	Agent	Date
1497 SH/ACKSON  The above the State  GNATUF  Ection Car  FFICER:  Idee:  Idress:  Idress:  Idress:  Idress:  Idress:	ADY MEADON IVILLE, FL 32  In named entity of Florida.  RE:  Electro  mpaign Financir  S AND DIRECTO  TRUE, JAMES P.O. BOX 440  JACKSONVILLE  TOTAL TOT	submits this statement for the nic Signature of Registered Ang Trust Fund Contribution ( ).  CTORS:  ) Delete 3 W 879	Agent  ADDITIONS/CHANG  Title:  Name:  Address:	Date ES TO OFFICERS AND DIRECTOR
1497 SH/ACKSON The above the State GNATUF  ection Car  FFICER: Ide: Idress: Idy-St-Zip: Ide: Ide: Ide: Ide: Ide: Ide: Ide: Ide	ADY MEADON IVILLE, FL 32 e named entity e of Florida.  RE:Electro  mpaign Financir  S AND DIRECT  D ( TRUE, JAMES P.O. BOX 440 JACKSONVILLE  D ( LAMPKE, MAF	submits this statement for the submits this statement for the submits this statement for the submits and contribution ( ).  CTORS:  ) Delete SW 879 LE, FL 322220879  ) Delete RK	Agent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name:	Date  SES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
H497 SH/ACKSON  The above the State  GNATUR  Control  Con	ADY MEADON IVILLE, FL 32  e named entity e of Florida.  RE: Electro  mpaign Financir  S AND DIRECT  D (TRUE, JAMES P.O. BOX 440 JACKSONVILL  D (LAMPKE, MAF P.O. BOX 440	submits this statement for the submits this statement for the submits this statement for the submits and contribution ( ).  CTORS:  ) Delete SW 879 LE, FL 322220879  ) Delete RK	Agent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title:	Date  SES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
I 497 SH/ACKSON The above the State GNATUI  CONTROLL  CO	ADY MEADON IVILLE, FL 32  e named entity of Florida.  RE:  Electro  mpaign Financir  S AND DIRECT  D (TRUE, JAMES P.O. BOX 440 JACKSONVILLE D (LAMPKE, MAF P.O.	submits this statement for the nic Signature of Registered Ang Trust Fund Contribution ( ).  CTORS:  ) Delete  W 879  ) Delete  RK 879	Agent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  SES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
1497 SH/ ACKSON he above the State IGNATUI	ADY MEADON IVILLE, FL 32  e named entity of Florida.  RE:  Electro  mpaign Financir  S AND DIRECT  D (TRUE, JAMES P.O. BOX 440 JACKSONVILLE D (LAMPKE, MAF P.O.	submits this statement for the nic Signature of Registered Ang Trust Fund Contribution ( ).  CTORS:  ) Delete SW 879 LE, FL 322220879  ) Delete RK 879 LE, FL 322220879  ) Delete WARD J	Agent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	Date  SES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  ( ) Change ( ) Addition

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: EDWARD J. EINHORN S 01/13/2004