2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 08, 2010
Secretary of State

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Entity Name: TRUEVANCE MANAGEMENT, INC.

Current Principal Place of Business:

7666 BLANDING BLVD
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

7666 BLANDING BLVD
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 74-3061278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TRUE, JAMES W
11497 SHADY MEADOW DR.
JACKSONVILLE, FL 32258 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

OFFICERS AND DIRECTORS:

Title: D
Name: TRUE, JAMES W
Address: P.O. BOX 440879
City-St-Zip: JACKSONVILLE, FL 322220879

Title: D
Name: LAMPKE, MARK
Address: P.O. BOX 440879
City-St-Zip: JACKSONVILLE, FL 322220879

Title: S
Name: EINHORN, EDWARD J
Address: P.O. BOX 440879
City-St-Zip: JACKSONVILLE, FL 322220879

Title: D
Name: PHILIPS, SCOT E
Address: P.O.BOX 440879
City-St-Zip: JACKSONVILLE, FL 322220879

Title: D
Name: WILLIAMS, MARK
Address: P.O.BOX 440879
City-St-Zip: JACKSONVILLE, FL 322220879

I hereby 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 all other like empowered.

SIGNATURE: EDWARD J EINHORN S 03/08/2010

Electronic Signature of Signing Officer or Director Date