2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State
04-14-2006 90135 039 ***150.00

DOCUMENT # P03000105534

1. Entity Name
EMPLOYEE ENROLLMENT SPECIALISTS, INC.

400404..

Principal Place of Business	Mailing Address
~~7522 NORTH 40TH STREET~~	~~7522 NORTH 40TH STREET~~
~~TAMPA, FL 33604~~	~~TAMPA, FL 33604~~

02202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1214 W. Bearss Ave	1214 W. Bearss Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tam
Zip / Country	Zip / Country

4. FEI Number 20-0260627 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHORT, PAUL R
~~7522 NORTH 40TH STREET~~
~~TAMPA, FL 33604~~

7. Name and Address of New Registered Agent

Name: Short, Paul, R.
Street Address (P.O. Box Number is Not Acceptable): 1214 West Bearss Ave.
City: Tampa FL Zip Code: 33613

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] Paul R Short — 2/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES BARRETT, JOHN F P.O. BOX 547891 ORLANDO, FL 32854	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 an address, with all other like empowered.

SIGNATURE: [signature] John Barrett, President 4/11/06 (407) 304-6774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #