

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000138177

FILED
Jan 10, 2007
Secretary of State

Entity Name: AMERIFACTORS HR SOLUTIONS, INC.

Current Principal Place of Business:

215 CELEBRATION PLACE
SUITE 150
CELEBRATION, FL 34747

New Principal Place of Business:

215 CELEBRATION PLACE
SUITE 340
CELEBRATION, FL 34747

Current Mailing Address:

POST OFFICE BOX 620905
ORLANDO, FL 328620905

New Mailing Address:

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

Name and Address of Current Registered Agent:

LANE, CHARLES C
100 SOUTH ASHLEY DRIVE
SUITE 1700
TAMPA, FL 33602 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: D () Delete
Name: GOWEN, KRISTINE A
Address: 215 CELEBRATION PLACE #150
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOWEN, KRISTINE A
Address: 215 CELEBRATION PLACE #340
City-St-Zip: CELEBRATION, FL 34747

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: KEVIN R. GOWEN, SR.

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01/10/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date