2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# F00000004450

Entity Name: BLUE FROG SOLUTIONS, INC.

Current Principal Place of Business:

555 S. ANDREWS AVE., STE 202
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

555 S. ANDREWS AVE.
SUITE 202
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 36-4346616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEVINE, BRADLEY M
555 S. ANDREWS AVE., #202
POMPANO BEACH, FL 33069 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: CEO ( ) Delete
Name: LEVINE, BRADLEY M
Address: 555 S. ANDREWS AVE., STE 202
City-St-Zip: POMPANO BEACH, FL 33069

Title: PRES ( ) Delete
Name: PERNICANO, CHRISTOPHER J
Address: 555 S. ANDREWS AVE., STE 202
City-St-Zip: POMPANO BEACH, FL 33069

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR ( ) Change (X) Addition
Name: KEITH, DAVID
Address: 1 SECURITY BENEFIT PLACE
City-St-Zip: TOPEKA, KS 66636

Title: DIR ( ) Change (X) Addition
Name: LEAF, ROGER W
Address: ONE PERSHING PLAZA
City-St-Zip: JERSEY CITY, NJ 07399

Title: DIR ( ) Change (X) Addition
Name: MASSEY, DOUGLAS E
Address: 731 EAST 700 NORTH
City-St-Zip: OREM, UT 84097

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: DALE E ADAMS CNTR 04/26/2006

Electronic Signature of Signing Officer or Director — Date