


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90236 031 ***150.00

DOCUMENT # F02000001643 1. Entity Name AHEAD HUMAN RESOURCES, INC.	
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Principal Place of Business 2209 HEATHER LN. LOUISVILLE, KY 40218	Mailing Address 2209 HEATHER LN. LOUISVILLE, KY 40218
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 61-0441433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLIS, WILLIAM B 2209 HEATHER LN. LOUISVILLE, KY 40218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BELLIS, ANDREA D 2209 HEATHER LN. LOUISVILLE, KY 40218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Hagan, Kristi 2209 Heather Ln Louisville KY 40218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jones, Karen 2209 Heather Ln Louisville KY 40218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Karen L. Jones Karen L. Jones 1/5/06 502-485-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #