2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005
Secretary of State

DOCUMENT# F04000000258

Entity Name: ANALYTICAL MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

1012 2ND STREET STE. 100
ENCINITAS, CA 92024

New Principal Place of Business:

5900 WINDWARD PARKWAY
SUITE 350
ALPHARETTA, GA 30005

Current Mailing Address:

1012 2ND STREET STE. 100
ENCINITAS, CA 92024

New Mailing Address:

5900 WINDWARD PARKWAY
SUITE 350
ALPHARETTA, GA 30005

FEI Number: 02-0559913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
ATTN: DAVID M. DONEY
501 E. KENNEDY BLVD STE. 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

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: STALEY, LUKE A
Address: 1012 2ND STREET STE. 100
City-St-Zip: ENCINITAS, CA 92024

Title: VCVP ( ) Delete
Name: SMITH, LAURENCE E
Address: 1012 2ND STREET STE. 100
City-St-Zip: ENCINITAS, CA 92024

Title: DS (X) Delete
Name: LIPMAN, CLIFFORD R
Address: 1012 2ND STREET STE. 100
City-St-Zip: ENCINITAS, CA 92024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition
Name: STALEY, LUKE A
Address: 2245 BLACKHEATH TRACE
City-St-Zip: ALPHARETTA, GA 30005

Title: VCVP (X) Change ( ) Addition
Name: SMITH, LAURENCE E
Address: 1646 COMSTOCK AVENUE
City-St-Zip: LOS ANGELES, CA 90024

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE E KEYMAN CONT 02/23/2005

Electronic Signature of Signing Officer or Director — Date