# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 FEB 28 PM 3:3[illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000001844

1. Entity Name
MANAGED BUSINESS SOLUTIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1201 OAKRIDGE DRIVE, SUITE 320<br>FORT COLLINS, CO 80525-5562 | 1201 OAKRIDGE DRIVE, SUITE 320<br>FORT COLLINS, CO 80525-5562 |

02232006 Chg-P CR2E034 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 12265 Oracle Blvd | 12265 Oracle Blvd |
| Suite, Apt. #, etc.: Suite 105 | Suite, Apt. #, etc.: Suite 105 |
| City & State: Colorado Springs, CO | City & State: Colorado Springs, CO |
| Zip: 80921 Country: | Zip: 80921 Country: |

4. FEI Number: 84-1525467 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | P<br>NOE, RICHARD<br>1201 OAKRIDGE DRIVE, SUITE 320<br>FORT COLLINS, CO 805255562 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Noe, Richard<br>12265 Oracle Blvd Suite 105<br>Colorado Springs, CO 80921 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPST<br>MAINWARING, RICHARD<br>1201 OAKRIDGE DRIVE, SUITE 320<br>FORT COLLINS, CO 805255562 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Mainwaring, Richard<br>12265 Oracle Blvd Suite 105<br>Colorado Springs, CO 80921 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 700067973707<br>03/16/06--01017--024 **150.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ 2.22.06 (970)419-2624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #