2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F27447

Address:

City-St-Zip:

8400 BAYMEADOWS WAY STE 5

JACKSONVILLE, FL 32256

Entity Name: EFFECTIVE COMPUTER SOLUTIONS, INC.

FILED Feb 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8400 BAYMEADOWS WAY STE 5 JACKSONVILLE, FL 32256 **New Mailing Address: Current Mailing Address:** PO BOX 57670 JACKSONVILLE, FL 322417670 US FEI Number: 59-2084091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KING, STEPHEN W. 8400 BAY MEADOWS WAY SUITE 5 JACKSONVILLE, FL 32256 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition KING, STEPHEN W., Name: Name: 8400 BAYMEADOWS WAY STE 5 Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: Title: () Delete () Change () Addition Name: VAYHINGER, DARREN A Name: 8400 BAYMEADOWS WAY STE 5 Address: Address: JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ARNOLD JR, THOMAS A Name: Name: 8400 BAYMEADOWS WAY STE 5 Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: () Delete Title: () Change () Addition HARMON, DEREK E Name: Name:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: STEPHEN W. KING VP 02/15/2005