2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State
01-22-2007 90087 035 ***150.00

DOCUMENT # F27447

1. Entity Name
EFFECTIVE COMPUTER SOLUTIONS, INC.

Principal Place of Business	Mailing Address
8400 BAYMEADOWS WAY STE 5 JACKSONVILLE, FL 32256 US	PO BOX 57670 JACKSONVILLE, FL 32241-7670 US

01182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
150 HILDEN ROAD	
Suite, Apt. #, etc.: SUITE 306	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE, FL	City & State
Zip: 32095 Country: US	Zip Country

4. FEI Number: 59-2084091 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KING, STEPHEN W.
8400 BAY MEADOWS WAY SUITE 5
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name: KING, STEPHEN W.
Street Address (P.O. Box Number is Not Acceptable): 150 HILDEN ROAD
SUITE 306
City: ST. AUGUSTINE, FL Zip Code: 32095

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: S. W. K. 17 January 2007
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, 2007 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	VP KING, STEPHEN W. 8400 BAYMEADOWS WAY STE 5 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KING, STEPHEN W 150 HILDEN ROAD STE 306 ST. AUGUSTINE, FL 32095	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VAYHINGER, DARREN A 8400 BAYMEADOWS WAY STE 5 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VAYHINGER, DARREN A 150 HILDEN ROAD STE 306 ST. AUGUSTINE, FL 32095	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ARNOLD JR, THOMAS A 8400 BAYMEADOWS WAY STE 5 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ARNOLD JR, THOMAS A 150 HILDEN ROAD STE 306 ST. AUGUSTINE, FL 32095	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARMON, DEREK E 8400 BAYMEADOWS WAY STE 5 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARMON, DEREK E 150 HILDEN ROAD STE 306 ST. AUGUSTINE, FL 32095	☑ 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: STEPHEN W. KING 17 JAN 2007 904-730-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #