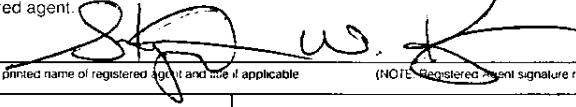
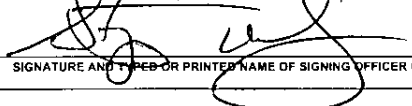


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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 8400 BAYMEADOWS WAY STE 5 JACKSONVILLE, FL 32256 US			Mailing Address PO BOX 57670 JACKSONVILLE, FL 32241-7670 US		
2. Principal Place of Business - No P.O. Box # 150 HILDEN ROAD			3. Mailing Address 		
Suite, Apt. #, etc. SUITE 306			Suite, Apt. #, etc. 		
City & State ST. AUGUSTINE, FL			City & State 		
Zip 32095		Country US		Zip 	
Country 		Country 		4. FEI Number 59-2084091	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
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 				DATE 17 January 2007	
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, 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 VP	NAME KING, STEPHEN W.		TITLE VP	NAME KING, STEPHEN W.	
STREET ADDRESS 8400 BAYMEADOWS WAY STE 5	CITY-ST-ZIP JACKSONVILLE, FL 32256		STREET ADDRESS 150 HILDEN ROAD STE 306	CITY-ST-ZIP ST. AUGUSTINE, FL 32095	
☐ Delete			☒ Change ☐ Addition		
TITLE P	NAME VAYHINGER, DARREN A		TITLE P	NAME VAYHINGER, DARREN A	
STREET ADDRESS 8400 BAYMEADOWS WAY STE 5	CITY-ST-ZIP JACKSONVILLE, FL 32256		STREET ADDRESS 150 HILDEN ROAD STE 306	CITY-ST-ZIP ST. AUGUSTINE, FL 32095	
☐ Delete			☒ Change ☐ Addition		
TITLE T	NAME ARNOLD JR, THOMAS A		TITLE T	NAME ARNOLD JR, THOMAS A	
STREET ADDRESS 8400 BAYMEADOWS WAY STE 5	CITY-ST-ZIP JACKSONVILLE, FL 32256		STREET ADDRESS 150 HILDEN ROAD STE 306	CITY-ST-ZIP ST. AUGUSTINE, FL 32095	
☐ Delete			☒ Change ☐ Addition		
TITLE S	NAME HARMON, DEREK E		TITLE S	NAME HARMON, DEREK E	
STREET ADDRESS 8400 BAYMEADOWS WAY STE 5	CITY-ST-ZIP JACKSONVILLE, FL 32256		STREET ADDRESS 150 HILDEN ROAD STE 306	CITY-ST-ZIP ST. AUGUSTINE, FL 32095	
☐ Delete			☒ Change ☐ Addition		
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
☐ Delete			☐ 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: 				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STEPHEN W. KING	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 17 JAN 2007	
				Daytime Phone # 904-730-9200	