

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002197

FILED
Apr 23, 2007
Secretary of State

Entity Name: SHPS HUMAN RESOURCES SOLUTIONS, INC.

Current Principal Place of Business:

11405 BLUEGRASS PARKWAY
LOUISVILLE, KY 40299

New Principal Place of Business:

Current Mailing Address:

11405 BLUEGRASS PARKWAY
LOUISVILLE, KY 40299

New Mailing Address:

9200 SHELBYVILLE ROAD
SUITE 700
LOUISVILLE, KY 40222

FEI Number: 61-1169763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEHROTRA, RISHABH
Address: 11405 BLUEGRASS PKWY
City-St-Zip: LOUISVILLE, KY 40299

Title: SD () Delete
Name: HAICK, DAVID P
Address: 11405 BLUEGRASS PKWY
City-St-Zip: LOUISVILLE, KY 40299

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEHROTRA, RISHABH
Address: 9200 SHELBYVILLE ROAD, SUITE 700
City-St-Zip: LOUISVILLE, KY 40222

Title: SD (X) Change () Addition
Name: HAICK, DAVID P
Address: 9200 SHELBYVILLE ROAD, SUITE 700
City-St-Zip: LOUISVILLE, KY 40222

Title: CFO () Change (X) Addition
Name: MCCARTY, JOHN W
Address: 9200 SHELBYVILLE ROAD, SUITE 700
City-St-Zip: LOUISVILLE, KY 40222

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: DAVID P. HAICK

SD

04/23/2007

Electronic Signature of Signing Officer or Director

Date