

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002197

FILED
Apr 14, 2008
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:

9200 SHELBYVILLE ROAD
SUITE 700
LOUISVILLE, KY 40222

Current Mailing Address:

9200 SHELBYVILLE ROAD
SUITE 700
LOUISVILLE, KY 40222

New Mailing Address:

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: 9200 SHELBYVILLE ROAD, SUITE 700
City-St-Zip: LOUISVILLE, KY 40222

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SEC

04/14/2008

Electronic Signature of Signing Officer or Director

_____ Date