

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006823

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: HUMAN RESOURCE SOLUTIONS, INC.

**Current Principal Place of Business:**

323 LAKEVIEW DRIVE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

323 LAKEVIEW DRIVE  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 75-2767370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REES, LANE  
323 LAKEVIEW DRIVE  
SANTA ROSA BEACH, FL 32459 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: REES, LANE  
Address: 323 LAKEVIEW DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DVS ( ) Delete  
Name: ACKERSON, VINCE  
Address: 5910 N. CENTRAL EXPRESSWAY SUITE 1000  
City-St-Zip: DALLAS, TX 75206

Title: T ( ) Delete  
Name: CARGILL, C. KEITH  
Address: 5910 N. CENTRAL EXPRESSWAY SUITE 1000  
City-St-Zip: DALLAS, TX 75206

**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: LANE REES

PD

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date