

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H04554

FILED  
Feb 28, 2006  
Secretary of State

**Entity Name:** PRACTICAL MANAGEMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

801 GRANDVIEW DR  
MERRITT ISLAND, FL 32952 US

**New Principal Place of Business:**

**Current Mailing Address:**

801 GRANDVIEW DRIVE  
MERRITT ISLAND, FL 32952 US

**New Mailing Address:**

**FEI Number:** 59-2413582

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAUL, JOHN W., D.M.D.  
801 GRANDVIEW DR  
MERRITT ISLAND, FL 32952 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: DP ( ) Delete  
Name: FAUL, JOHN W., D.M.D., .  
Address: 801 GRANDVIEW DR  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPD ( ) Delete  
Name: KAREN L FAUL,  
Address: 801 GRANDVIEW DR  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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:** JOHN W FAUL DMD

DP

02/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date