2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088866

City-St-Zip:

HOLLWYOOD, FL 33019

Entity Name: PRO PATH EMPLOYMENT SOLUTIONS "LLC"

FILED Mar 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4600 SHERIDAN STREET SUITE 400 4651 SHERIDAN STREET SUITE 200 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 **Current Mailing Address: New Mailing Address:** 4600 SHERIDAN STREET SUITE 400 4651 SHERIDAN STREET SUITE 200 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 FEI Number: 20-2062296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOMINGUEZ, KELLY 9389 NW 54TH STREET SUNRISE, FL 33351 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete DOMINGUEZ, KELLY Name: Name: Address: 9389 NW 54TH STREET Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ATCHISON, KIMBERLY Name: Address: 8761 HOLLYCOURT APT 201 Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ATCHISON, KEITH Name: Name: 3001 SOUTH OCEAN DRIVE APT 164 Address: Address:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: KELLY DOMINGUEZ MGR 03/17/2006