2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004
Secretary of State

DOCUMENT# N01000007873

Entity Name: LICE SOLUTIONS RESOURCE NETWORK, INCORPORATED

Current Principal Place of Business:

4463 WESTROADS DR
WEST PALM BEACH, FL 33458

New Principal Place of Business:

Current Mailing Address:

4463 WESTROADS DR
WEST PALM BEACH, FL 33458

New Mailing Address:

FEI Number: 65-1152691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILMORE, CHAD
3597 AIRPORT ROAD
PAHOKEE, FL 33476 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOLM, TARA
Address: 4318 BIRDWOOD ST
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD ( ) Delete
Name: GILMORE, CHAD
Address: 3597 AIRPORT RD
City-St-Zip: PAHOKEE, FL 33476

Title: SD ( ) Delete
Name: BECKSTROM, RONALD L
Address: 247 BROOKVIEW DR
City-St-Zip: VALDOSTA, GA 31602

Title: ED ( ) Delete
Name: SHEPARD, KATIE
Address: 6210 FOSTER ST
City-St-Zip: JUPITER, FL 33458

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:

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATIE SHEPHERD ED 07/15/2004

Electronic Signature of Signing Officer or Director — Date