


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # N01000007873		
1. Entity Name LICE SOLUTIONS RESOURCE NETWORK, INCORPORATED		
Principal Place of Business 6758 N. MILITARY TR. SUITE 110 WEST PALM BEACH, FL 33407		Mailing Address 6758 N. MILITARY TR. WEST PALM BEACH, FL 33407
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GILMORE, CHAD 61058 RIVERWALK LANE UNIT 6 JUPITER, FL 33458		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOLM, TARA 4318 BIRDWOOD ST PALM BEACH GARDENS, FL 33410	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GILMORE, CHAD 61058 RIVERWALK LANE JUPITER, FL 33476	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BECKSTROM, RONALD L 247 BROOKVIEW DR VALDOSTA, GA 31602	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED SHEPHERD, KATIE 6210 FOSTER ST JUPITER, FL 33458	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered		
SIGNATURE: <i>Katie Shepherd Exec. Dir.</i>		7/10/07 561-8429969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



07102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1152691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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07/19/07-80009-013 61.25

**DO NOT WRITE
IN THIS SPACE**