

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007873

FILED
Mar 21, 2008
Secretary of State

Entity Name: LICE SOLUTIONS RESOURCE NETWORK, INCORPORATED

Current Principal Place of Business:

6758 N. MILITARY TR. SUITE 110
WEST PALM BEACH, FL 33407

New Principal Place of Business:

6758 N. MILITARY TR.
SUITE 110
WEST PALM BEACH, FL 33407

Current Mailing Address:

6758 N. MILITARY TR.
WEST PALM BEACH, FL 33407

New Mailing Address:

6758 N. MILITARY TR.
SUITE 110
WEST PALM BEACH, FL 33407

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
61058 RIVERWALK LANE
UNIT 6
JUPITER, FL 33458 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: 61058 RIVERWALK LANE
City-St-Zip: JUPITER, FL 33476

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

Title: ED () Delete
Name: SHEPHERD, 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 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 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

03/21/2008

Electronic Signature of Signing Officer or Director

Date