2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2009
Secretary of State

DOCUMENT# N01000007873

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:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1152691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 08/27/2009

Electronic Signature of Signing Officer or Director — Date