2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002902

Entity Name: HUMAN RESOURCE INSTITUTE, INC.

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5959 CENTRAL AVE, STE 200A 5959 CENTRAL AVE, STE 201 ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710

Current Mailing Address: New Mailing Address:

5959 CENTRAL AVE, STE 200A 5959 CENTRAL AVE, STE 201 ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710

FEI Number: 13-4247226 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:

JAMROG, JAY J JAMROG, JAY J 5959 CENTRAL AVE, STE 200A

5959 CENTRAL AVE. STE 201 ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710 US

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: JAY J. JAMROG 04/06/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

JAMROG, JAY J JAMROG, JAY J Name: Name: 5959 CENTRAL AVE, STE 200A Address: 5959 CENTRAL AVE, STE 201 Address:

City-St-Zip: ST PETERSBURG, FL 33710 City-St-Zip: ST PETERSBURG, FL 33710

Title: () Delete Title: (X) Change () Addition PYLE, WILLIAM DR Name: PYLE, WILLIAM DR Name:

Address: 5959 CENTRAL AVE. STE 200A Address: 5959 CENTRAL AVE. STE 201

City-St-Zip: ST PETERSBURG, FL 33710 City-St-Zip: ST PETERSBURG, FL 33710

Title: () Delete Title: (X) Change () Addition MCCANN, DEAN JOSEPH Name: MCCANN, DEAN JOSEPH Name: Address: 5959 CENTRAL AVE, STE 200A Address: 5959 CENTRAL AVE, STE 201 City-St-Zip: ST PETERSBURG, FL 33710 City-St-Zip: ST PETERSBURG, FL 33710

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: JAY J. JAMROG MR. 04/06/2005