2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N05000001481

Entity Name: EFFECTIVE PEOPLE SOLUTIONS, INC.

Current Principal Place of Business:

305 EVELYN AVENUE
CLEARWATER, FL 33765

New Principal Place of Business:

1222 BELL DR
CLEARWATER, FL 33764

Current Mailing Address:

POST OFFICE BOX 1372
CLEARWATER, FL 337571372

New Mailing Address:

FEI Number: 65-1242794 **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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PTD ( ) Delete
Name: R. TIMOTHY KUCHAR,
Address: 305 EVELYN AVENUE
City-St-Zip: CLEARWATER, FL 33765

Title: VD ( ) Delete
Name: KUCHAR, SHEILA S
Address: 305 EVELYN AVENUE
City-St-Zip: CLEARWATER, FL 33765

Title: SD (X) Delete
Name: HEYWOOD, ABBY
Address: 305 EVELYN AVENUE
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: R. TIMOTHY KUCHAR,
Address: 1222 BELL DR
City-St-Zip: CLEARWATER, FL 33764

Title: VD (X) Change ( ) Addition
Name: KUCHAR, SHEILA S
Address: 1222 BELL DR
City-St-Zip: CLEARWATER, FL 33764

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 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: R TIMOTHY KUCHAR PRES 05/01/2006

Electronic Signature of Signing Officer or Director — Date