## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05178

FILED Apr 19, 2006 Secretary of State

Entity Name: HUMAN SERVICES NETWORK, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3810 INVERRARY BLVD. SUITE 305 LAUDERHILL, FL 33319 **Current Mailing Address: New Mailing Address:** 3810 INVERRARY BLVD. SUITE 305 LAUDERHILL, FL 33319 FEI Number: 59-2450043 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PUDWELL, JOHN MILLER, MARGARET 2540 N.W. 80TH AVE. 1332 WASHINGTON STREET MARGATE, FL 33063 US HOLLYWOOD, FL 33019 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: MARGARET MILLER 04/19/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GERONEMUS, DIANN Name: Name: 833 NW 81ST WAY Address: Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: Title: ( ) Delete Title: () Change () Addition GUTHRIE, WILLIAM Name: Name: Address: 1501 NW 49TH STREET, SUITE 200 Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: () Delete Title: () Change () Addition KAPLAN, MICHAEL Name: Name: 5100 W. COMMERCIAL BLVD Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33319 City-St-Zip: Title: VC. Title: () Change () Addition ( ) Delete Name: ROBERTS, ROY Name: Address: **7651 NW 31ST STREET** Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: Title: () Delete Title: () Change () Addition GOREN, NATHAN Name: Name: 303 SE 17TH STREET, 6TH FLOOR Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition PUDWELL JOHN MILLER, MARGARET Name: Name: Address: 2450 NW 80TH AVENUE Address: 1332 WASHINGTON STREET MARGATE, FL HOLLYWOOD, FL 33019 City-St-Zip: 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: MARGARET MILLER MD 04/19/2006