2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006
Secretary of State

DOCUMENT# N16290

Entity Name: FLORIDA ASSOCIATION OF PROFESSIONAL EMPLOYER ORGANIZATIONS, INC.

Current Principal Place of Business:

335 BEARD STREET
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14629
TALLAHASSEE, FL 323174629 US

New Mailing Address:

FEI Number: 59-2986575 **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:

MILLER, MICHAEL
15438 N FLORIDA AVE
SUITE 202
TAMPA, FL 33613 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:	P	( ) Delete
Name:	KNEIP, ROBERT	
Address:	4400 CONGRESS AVENUE, STE 250	
City-St-Zip:	WEST PALM BEACH, FL 334073288	
Title:	VD	( ) Delete
Name:	FINKELSTEIN, ABRAM	
Address:	150 SOUTH PINE ISLAND ROAD, SUITE 100	
City-St-Zip:	PLANTATION, FL 33324	
Title:	TD	( ) Delete
Name:	SELTZER, MARJORIE	
Address:	475 CENTRAL AVE STE 100	
City-St-Zip:	ST. PETERSBURG, FL 33701	
Title:	SD	( ) Delete
Name:	BAIERS, JIM	
Address:	755 W BIG BEAVER ROAD, SUITE 1700	
City-St-Zip:	TROY, MI 48084	
Title:	D	( ) Delete
Name:	RAWLS, ED	
Address:	8950 DR MARTIN LUTHER KING ST N #190	
City-St-Zip:	ST PETERSBURG, FL 33702	
Title:	D	( ) Delete
Name:	ROUSSEAU, JOHN A	
Address:	6320 TRAIL BLVD.	
City-St-Zip:	NAPLES, FL 34108	

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:	
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 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: ROBERT SKROB D 05/24/2006

Electronic Signature of Signing Officer or Director — Date