

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90016 027 \*\*\*150.00

**DOCUMENT # P01000112649**

1. Entity Name  
**EMPLOYMENT SCREENING ALLIANCE, INC.**



Principal Place of Business  
**2331 BELLEAIR ROAD  
SUITE C  
CLEARWATER, FL 33764**

Mailing Address  
**2331 BELLEAIR ROAD  
SUITE C  
CLEARWATER, FL 33764**

**DO NOT WRITE IN THIS SPACE**

**40030298**



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3854655**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PAULSEN, DANIEL  
2331 BELLEAIR ROAD  
SUITE C  
CLEARWATER, FL 33764**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PAULSEN, DANIEL
STREET ADDRESS	2331 BELLEAIR ROAD, SUITE C
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	Robert Paulsen Pres./CEO
NAME	2131 Hyde Park St
STREET ADDRESS	Sarasota FL 34239
CITY-ST-ZIP	
TITLE	Justin Romano - Tres
NAME	3500 Windmeadows Blvd #70
STREET ADDRESS	Gainesville FL 32607
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-2-06**

**727 532  
3005**