


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90759 002 ***150.00

DOCUMENT # P03000065006	
1. Entity Name EMPLOYEEBACKGROUNDS, INCORPORATED	

Principal Place of Business 3105 W WATERS AVE, STE 308 TAMPA, FL 33614	Mailing Address 3105 W WATERS AVE, STE 308 TAMPA, FL 33614
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14017699



2. Principal Place of Business 3105 W Waters Ave	3. Mailing Address 3105 W Waters Ave
Suite, Apt. #, etc. 308	Suite, Apt. #, etc. 308
City & State Tampa, FL	City & State Tampa, FL
Zip 33614	Country USA

04122004 Chg-P CR2E034 (10/03)

4. FEI Number 42-1593981	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRADBURY, RICHARD 3105 W WATERS AVE, STE 308 TAMPA, FL 33614	
7. Name and Address of New Registered Agent Name Paul Rodriguez Street Address (P.O. Box Number is Not Acceptable) 2711 W. Heiter City Tampa FL 33607	

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  **Paul Rodriguez** DATE **4-23-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President / Registered Agent	<input checked="" type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Richard Bradbury		NAME Paul Rodriguez	
STREET ADDRESS 3105 West Waters Avenue Suite 308		STREET ADDRESS 2711 West Heiter	
CITY-ST-ZIP Tampa, FL 33614		CITY-ST-ZIP Tampa, FL 33607	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Paul Rodriguez	DATE: 4-23-04	DAYTIME PHONE: 813-810-7285
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		