## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000091437

Entity Name: EXPERIENCE BUSINESS SOLUTIONS, INC.

FILED Mar 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

209 MAYFAIR CIRCLE WEST 10600 LAKE VISTA DR PALM HARBOR, FL 34683 SEMINOLE, FL 33772

Current Mailing Address: New Mailing Address:

209 MAYFAIR CIRCLE WEST 10600 LAKE VISTA DR PALM HARBOR, FL 34683 SEMINOLE, FL 33772

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, CHARLES W
209 MAYFAIR CIRCLE WEST
PALM HARBOR, FL 34683 US
HAINES, DUANE A
10600 LAKE VISTA DR
SEMINOLE, FL 33772 US

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: DUANE A HAINES 03/15/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: PST (X) Change ( ) Addition

 Name:
 HAINES, DUANE A
 Name:
 HAINES, DUANE A

 Address:
 10600 LAKE VISTA DR
 Address:
 10600 LAKE VISTA DR

 City-St-Zip:
 SEMINOLE, FL 33772
 City-St-Zip:
 SEMINOLE, FL 33772

Title: ST (X) Delete Title: ( ) Change ( ) Addition

 Name:
 THOMAS, CHARLES W
 Name:

 Address:
 209 MAYFAIR CIRCLE WEST
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34683
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE A HAINES PST 03/15/2006