2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099943

Entity Name: SUMMIT HUMAN CAPITAL SOLUTIONS, INC.

FILED Mar 13, 2009 Secretary of State

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

4581 CARAMBOLA CIRCLE S. 2848 LAFAYETTE TRACE DRIVE COCONUT CREEK, FL 33066 US SAINT CLOUD, FL 34772 US

Current Mailing Address: New Mailing Address:

P. O. BOX 938813 P. O. BOX 701045

COCONUT CREEK, FL 33093 US SAINT CLOUD, FL 34770 US

FEI Number: 26-1076196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MORALES, SARAH M
4581 CARAMBOLA CIRCLE S.
COCONUT CREEK, FL 33066 US
MORALES, SARAH M
2848 LAFAYETTE TRACE DR
SAINT CLOUD, FL 34772 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: SARAH M. MORALES 03/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT D () Delete

Name: BROOKS III, GEORGE BERNARD Address: 2408 QUEENSWOOD CIRCLE City-St-Zip: KISSIMMEE, FL 34743 US

 Title:
 VS D
 () Delete

 Name:
 MORALES, SARAH M

 Address:
 4581 CARAMBOLA CIRCLE S.

 City-St-Zip:
 COCONUT CREEK, FL 33066 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT D (X) Change () Addition
Name: BROOKS III, GEORGE BERNARD
Address: 2848 LAFAYETTE TRACE DR
City-St-Zip: SAINT CLOUD, FL 34772 US

Title: VS D (X) Change () Addition

Name: MORALES, SARAH M
Address: 2848 LAFAYETTE TRACE DR
City-St-Zip: SAINT CLOUD, FL 34772 US

I hereby certify that the information supplied with this filing does not qualify 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: SARAH M. MORALES VP/D 03/13/2009