

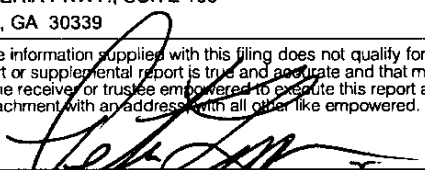


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90161 018 ***150.00

DOCUMENT # P34496						
1. Entity Name PRG-SCHULTZ USA, INC.						
Principal Place of Business 600 GALLERIA PKWY. STE 100 ATLANTA, GA 30339 US		Mailing Address 600 GALLERIA PKWY. STE 100 ATLANTA, GA 30339 US		40077859		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	04062006	Chg-P	CR2E034 (11/05)
6. Name and Address of Current Registered Agent				4. FEI Number		Applied For
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				58-1917267		Not Applicable
7. Name and Address of New Registered Agent				5. Certificate of Status Desired		\$8.75 Additional Fee Required
Name				<input type="checkbox"/>		
Street Address (P.O. Box Number is Not Acceptable)						
City				FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input checked="" type="checkbox"/> Delete		TITLE	CEO & PRESIDENT, SOLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JOHN M			NAME	JAMES B. MCCURRY	
STREET ADDRESS	600 GALLERIA PKWY STE 100			STREET ADDRESS	600 GALLERIA PARKWAY, SUITE 100	
CITY-ST-ZIP	ATLANTA, GA 30339			CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	VCAS	<input checked="" type="checkbox"/> Delete		TITLE	CFO AND TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMA, JOHN M			NAME	PETER LIMERI	
STREET ADDRESS	600 GALLERIA PKWY STE 100			STREET ADDRESS	600 GALLERIA PARKWAY; SUITE 100	
CITY-ST-ZIP	ATLANTA, GA 30339			CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	EXECUTIVE V.P. - U.S. OPERATIONS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGUE, GAIL			NAME	JAMES L. BENJAMIN	
STREET ADDRESS	600 GALLERIA PKWY STE 100			STREET ADDRESS	600 GALLERIA PARKWAY, SUITE 100	
CITY-ST-ZIP	ATLANTA, GA 30339			CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	EV	<input checked="" type="checkbox"/> Delete		TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFF, MARIE A			NAME	CLINTON MCKELLAR JR.	
STREET ADDRESS	600 GALLERIA PKWY., SUITE 100			STREET ADDRESS	600 GALLERIA PARKWAY, SUITE 100	
CITY-ST-ZIP	ATLANTA, GA 30339			CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	EV	<input type="checkbox"/> Delete		TITLE	SENIOR V.P. - HUMAN RESOURCES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, JAMES L			NAME	JENNIFER MOORE	
STREET ADDRESS	600 GALLERIA PKWY., SUITE 100			STREET ADDRESS	600 GALLERIA PARKWAY, SUITE 100	
CITY-ST-ZIP	ATLANTA, GA 30339			CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	EV	<input checked="" type="checkbox"/> Delete		TITLE	CONTROLLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN LEEUWEN, PAUL			NAME	ROBERT LEE	
STREET ADDRESS	600 GALLERIA PKWY., SUITE 100			STREET ADDRESS	600, GALLERIA PARKWAY, SUITE 100	
CITY-ST-ZIP	ATLANTA, GA 30339			CITY-ST-ZIP	ATLANTA, GA 30339	
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: 			Peter Limeri		4-27-06	770719-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #	