

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/28/2004-90044-001-\$300.00-\$150.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


04 OCT 22 AM 8:00

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08312004 Chg-P CR2E034 (10/03)

*MRS*

DOCUMENT # P97000107149 1. Entity Name SHPS, INC.					
Principal Place of Business 11405 BLUEGRASS PARKWAY LOUISVILLE, KY 40299			Mailing Address 11405 BLUEGRASS PARKWAY LOUISVILLE, KY 40299		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3484556			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name <u>NRAI Services, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>526 E. Park Ave.</u> City <u>Tallahassee</u> FL Zip Code <u>32301</u>		
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 <u>Traci Smith</u> Traci Smith, Ass't Secretary <u>10/18/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARNER, DAVID E 11405 BLUEGRASS PARKWAY LOUISVILLE, KY 40299 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD David A. Nelson 11405 Bluegrass Parkway Louisville, KY 40299 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HAICK, DAVID P 11405 BLUEGRASS PARKWAY LOUISVILLE, KY 40299 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LESTER, DAVID W 11405 BLUEGRASS PARKWAY LOUISVILLE, KY 40299 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/D Merle A. Ryland 11405 Bluegrass Parkway Louisville, KY 40299 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD QUEALLY, PAUL B 320 PARK AVENUE, SUITE #2500 NEW YORK, NY 100226815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACKESY, D. SCOTT 320 PARK AVENUE, SUITE #2500 NEW YORK, NY 100226815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, W. EARL III 11405 BLUEGRASS PKWY. LOUISVILLE, KY 40299 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u>David P. Haick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9-2-04 <small>Date Daytime Phone #</small>		

David P. Haick