## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000107149

Entity Name: SHPS, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
11405 BLUEGRASS PARKWAY LOUISVILLE, KY 40299				9200 SHELBYVILLE ROAD SUITE 700 LOUISVILLE, KY 40222		
Current Mailing Address:				New Mailing Address:		
11405 BLUEGRASS PARKWAY LOUISVILLE, KY 40299			9200 SHELBYVILLE ROAD SUITE 700 LOUISVILLE, KY 40299			
FEI Number: 59-3484556 FEI Number Applied For ( ) FEI Number				mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,						
	e of Florida.					
SIGNATURE: Electronic Signature of Registered Agent						 Date
Election Car	ce with s. 607.193	(2)(b), F.S., the corporation did not in Trust Fund Contribution ( ).		-		TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () MEHROTRA, RI: 11405 BLUEGR: LOUISVILLE, KY	ASS PKWY		Title: Name: Address: City-St-Zip:	MEHROTRA, R	VILLE ROAD, SUITE 700
Title: Name: Address: City-St-Zip:	AS () HAICK, DAVID F 11405 BLUEGR LOUISVILLE, KY	ASS PARKWAY		Title: Name: Address: City-St-Zip:	HAICK, DAVID	VILLE ROAD, SUITE 700
Title: Name: Address: City-St-Zip:	D () SCULLY, TOM 2915 KING ST ALEXANDRIA, V	Delete A 22302		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	CD () QUEALLY, PAUI 320 PARK AVEN NEW YORK, NY	_ B IUE, SUITE #2500		Title: Name: Address: City-St-Zip:	MACKESY, D.	ENUE, SUITE #2500
Title: Name: Address: City-St-Zip:	MACKESY, D. S	IUE, SUITE #2500		Title: Name: Address: City-St-Zip:	CLARK, JOHN	() Change ( ) Addition ENUE, SUITE #2500 IY 100226815
Title: Name: Address: City-St-Zip:	D () REED, W. EARL 11405 BLUEGR. LOUISVILLE, KY	ASS PKWY.		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition

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: DAVID P. HAICK S 05/01/2007