

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000059529

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: EMPLOYER MANAGEMENT SOLUTIONS, INC.

## Current Principal Place of Business:

5521 W. CPYRESS ST.  
SUITE 103  
TAMPA, FL 33607 US

## New Principal Place of Business:

300 S HYDE PARK AVE  
SUITE 201  
TAMPA, FL 33606 US

## Current Mailing Address:

5521 W. CPYRESS ST.  
SUITE 103  
TAMPA, FL 33607 US

## New Mailing Address:

300 S HYDE PARK AVE  
SUITE 201  
TAMPA, FL 33606 US

FEI Number: 59-3520825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MYRBACK, ELAINE C  
4515 WEST DALE AVENUE  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MYRBACK, ELAINE C  
Address: 5521 W. CPYRESS ST., SUITE 103  
City-St-Zip: TAMPA, FL 33607 US

Title: VD ( ) Delete  
Name: MYRBACK, DOUG  
Address: 5521 W. CPYRESS ST., SUITE 103  
City-St-Zip: TAMPA, FL 33607 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MYRBACK, ELAINE C  
Address: 300 S HYDE PARK AVE SUITE 201  
City-St-Zip: TAMPA, FL 33606 US

Title: VD (X) Change ( ) Addition  
Name: MYRBACK, DOUG  
Address: 300 S HYDE PARK AVE SUITE 201  
City-St-Zip: TAMPA, FL 33606 US

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: ELAINE C MYRBACK

PD

04/06/2006

Electronic Signature of Signing Officer or Director

Date