

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000085180

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** OUTCOMES MANAGEMENT EDUCATIONAL WORKSHOPS, INC.

**Current Principal Place of Business:**

4440 PGA BLVD, STE 600  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

4440 PGA BLVD, STE 600  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 65-0872528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAULSEN, BRIAN H  
2000 N. FLORIDA MANGO RD.  
#203  
WEST PALM BEACH, FL 33409 US

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

PAULSEN, BRIAN H  
4440 PGA BLVD, STE 600  
PALM BEACH GARDENS, FL 33410 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:** BRIAN H. PAULSEN

03/31/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PAULSEN, BRIAN H  
**Address:** 4440 PGA BLVD. STE 600  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** T, S  
**Name:** PAULSEN, BRIAN H  
**Address:** 4440 PGA BLVD. STE 600  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

I hereby 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 all other like empowered.

**SIGNATURE:** BRIAN H. PAULSEN

P

03/31/2010

Electronic Signature of Signing Officer or Director

Date