

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013219

FILED
Apr 11, 2005
Secretary of State

Entity Name: HUMAN PERFORMANCE SPECIALISTS, INC.

Current Principal Place of Business:

1534 E. LOCUST PLACE
CHANDLER, AZ 85249

New Principal Place of Business:

Current Mailing Address:

1534 E. LOCUST PLACE
CHANDLER, AZ 85249

New Mailing Address:

FEI Number: 65-0894411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRILLIOT, LISA
11790 SW 25TH ST.
DAVIE, FL 33325 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: VP () Delete
Name: GROSS, LORI
Address: 1534 E. LOCUST PLACE
City-St-Zip: CHANDLER, AZ 85249

Title: P () Delete
Name: INCLEDON, THOMAS
Address: 1534 E. LOCUST PLACE
City-St-Zip: CHANDLER, AZ 85249

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: INCLEDON, LORI
Address: 1534 E. LOCUST PLACE
City-St-Zip: CHANDLER, AZ 85249

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LORI INCLEDON

VP

04/11/2005

Electronic Signature of Signing Officer or Director

_____ Date