2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P99000052362

Entity Name: DATAMAXX PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

2001 DRAYTON DRIVE
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

2001 DRAYTON DRIVE
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 59-3580702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPHENSON, KAY
2001 DRAYTON DRIVE
TALLAHASSEE, FL 32311 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:	CCEO	( ) Delete
Name:	STEPHENSON, KAY L	
Address:	4988 O'SHEA COURT	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	DVS	( ) Delete
Name:	TIMS, STEPHEN D	
Address:	3736 IVY GREEN TRAIL	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	D	( ) Delete
Name:	WATERS, KATHRYN	
Address:	3900 ROYAL OAKS DR	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	AS	( ) Delete
Name:	WATERS, JONATHAN	
Address:	1572 CHINA GROVE TRAIL	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	DPCO	( ) Delete
Name:	LAKE, CHRISTINA	
Address:	2116 FERNLEIGH DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	TREA	( ) Delete
Name:	POULOS, CHRISTINA	
Address:	6383 PISGAH CHURCH ROAD	
City-St-Zip:	TALLAHASSEE, FL 32309	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: CHRISTINA POULOS TREA 04/28/2006

Electronic Signature of Signing Officer or Director — Date