

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S54954

FILED
Jan 11, 2006
Secretary of State

Entity Name: HUMAN SERVICES SUPPORT SYSTEM, INC.

Current Principal Place of Business:

735 NE 125 STREET
N. MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

735 NE 125 STREET
N. MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 65-0285406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALTMAN, DAVID B.
735 NE 125 STREET
N. MIAMI, FL 33161 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: VCD () Delete
Name: ALTMAN, STUART
Address: 3802 NE 207 ST, #602
City-St-Zip: MIAMI, FL 33180

Title: SD () Delete
Name: LINEVSKY, RICHARD
Address: 2735 HACKNEY RD
City-St-Zip: WESTON, FL 33331

Title: VCD () Delete
Name: MERLIN, ROBERT
Address: 5810 MAGGIORE
City-St-Zip: MIAMI, FL 33146

Title: P () Delete
Name: SALTMAN, DAVID
Address: 429 POINCIANA ISLAND DR
City-St-Zip: MIAMI, FL 33160

Title: TD () Delete
Name: GRETENSTEIN, STEVEN
Address: 436 BARGELLO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: D (X) Delete
Name: SLAVIN, RICHARD
Address: 3000 ISLAND BLVD TH-3
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VCD (X) Change () Addition
Name: MERLIN, ROBERT
Address: 95 MERRICK WAY #420
City-St-Zip: CORAL GABLES,, FL 33134

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: DAVID B. SALTMAN

PRES

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date