

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001404

FILED
Mar 30, 2006
Secretary of State

Entity Name: EXCEPTIONAL PERSONNEL, INC.

Current Principal Place of Business:

511 BENJAMIN WAY SUITE 104
DALTON, GA 30721

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1566
DALTON, GA 307221566

New Mailing Address:

FEI Number: 58-2355390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANNELLA, ANTHONY F
15891 NORTHWEST 10TH STREET
PEMBROKE PINES, FL 33028 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: CP () Delete
Name: RALSTON, SUSAN A
Address: 2611 LOVEBRIDGE ROAD SE
City-St-Zip: FAIRMOUNT, GA 30139

Title: S () Delete
Name: PAGE, PATRICIA H
Address: 3007 E. BROOKHAVEN CIR.
City-St-Zip: DALTON, GA 30720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: HUGHES, ROXANNE
Address: 764 WRIGHTS HOLLOW RD
City-St-Zip: CALHOUN, GA 30701

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: ROXANNE HUGHES

S

03/30/2006

Electronic Signature of Signing Officer or Director

_____ Date