

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001830

FILED
Mar 24, 2009
Secretary of State

Entity Name: ASCEND STAFFING CORPORATION

Current Principal Place of Business:

15300 COMMERCE DRIVE NORTH, SUITE 200
DEARBORN, MI 48120

New Principal Place of Business:

Current Mailing Address:

15300 COMMERCE DRIVE NORTH, SUITE 200
DEARBORN, MI 48120

New Mailing Address:

FEI Number: 33-1111821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBENEDETTI, BARBY
2701 W. OAKLAND PARK BLVD, SUITE 410
FT. LAUDERDALE, FL 33311 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: SCHNIEDERS, W. ROBERT
Address: 15300 COMMERCE DRIVE NORTH, SUITE 200
City-St-Zip: DEARBORN, MI 48120

Title: CEO () Delete
Name: SCHNIEDERS, KEVIN
Address: 15300 COMMERCE DRIVE NORTH, SUITE 200
City-St-Zip: DEARBORN, MI 48120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: KEVIN SCHNIEDERS

CEO

03/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date