2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# F94000004270

Entity Name: PCI STAFF LEASING, INC.

Current Principal Place of Business:

303 MOLNAR DR.
ELMWOOD PARK, NJ 07407 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1001
ELMWOOD PARK, NJ 07407 US

New Mailing Address:

FEI Number: 22-3349434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORP SERVICES INC
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: P ( ) Delete
Name: BOFFA JR, ROBERT
Address: 25 HILTON PLACE
City-St-Zip: MONTVALE, NJ 07645

Title: V ( ) Delete
Name: BOFFA, BRIAN
Address: 28 SHAW RD
City-St-Zip: WOODCLIFF LAKE, NJ 07677

Title: S ( ) Delete
Name: BOFFA, JON
Address: 47 SHAW RD
City-St-Zip: WOODCLIFF LAKE, NJ 07677

Title: T ( ) Delete
Name: BOFFA, DANIEL
Address: 420 GREEN MTN RD
City-St-Zip: MAHWAH, NJ 07430

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:

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: ELAYNE LYNCH BKPR 04/13/2007

Electronic Signature of Signing Officer or Director Date