


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90026 029 ***150.00

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1. Entity Name
STAFFING NOW, INC.



Principal Place of Business Mailing Address
4600 WESTOWN PKWY **4600 WESTOWN PKWY**
REGENCY WEST 6 STE 113 **REGENCY WEST 6 STE 113**
WEST DES MOINES, IA 50266 **WEST DES MOINES, IA 50266**


2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

400940000



03082007 Chg-P CR2E034 (12/06)

4. FEI Number
42-1480208 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAUL, MARK EVP
%STAFFING NOW
600 N. PINE ISLAND ROAD, SUITE 210
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSCD	<input type="checkbox"/> Delete
NAME	SMITH, RON	
STREET ADDRESS	P.O. BOX 15368	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33318	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SCHAUL, MARK	
STREET ADDRESS	5687 COACHLIGHT	
CITY-ST-ZIP	WEST DES MOINES, IA 50266	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARR, SHANE	
STREET ADDRESS	PLAZA COLONNADE 4801 MAIN ST SUITE 540	
CITY-ST-ZIP	KANSAS CITY, MO 64112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, BILL	
STREET ADDRESS	PLAZA COLONNADE 4801 MAIN ST SUITE 540	
CITY-ST-ZIP	KANSAS CITY, MO 64112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREITAG, SAMUEL	
STREET ADDRESS	2804 W. 112TH ST	
CITY-ST-ZIP	LEAWOOD, KS 66211	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nicholas Orun	
STREET ADDRESS	One Market Plaza STEWART BUILDING- 24th Floor	
CITY-ST-ZIP	SAN FRANCISCO, CA 94105	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williard Lynn	
STREET ADDRESS	One Market Plaza Stewart Building 24th Floor	
CITY-ST-ZIP	San Francisco, CA 94105	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alexander Earls	
STREET ADDRESS	One Market Plaza Stewart Building 24th Floor	
CITY-ST-ZIP	San Francisco, CA 94105	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Miller	
STREET ADDRESS	One Market Plaza Stewart Building 24th Floor	
CITY-ST-ZIP	San FRANCISCO, CA 94105	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Schaul 3/29/07 (516)222-6352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

