

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 19, 2005
Secretary of State**

DOCUMENT# L04000076005

Entity Name: INTEGRATED STAFFING SOLUTIONS, LLC

Current Principal Place of Business:

1615 SOUTH FEDERAL HIGHWAY, SUITE 300
BOCA RATON, FL 33432

New Principal Place of Business:

1615 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432

Current Mailing Address:

1615 SOUTH FEDERAL HIGHWAY, SUITE 300
BOCA RATON, FL 33432

New Mailing Address:

1615 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432

FEI Number: 20-1880618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
103 NORTH MERIDIAN STREET
TALLAHASSEE, FL 32301 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

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: AMERICAN TRAVELER ST, AFFING PROFESS I ONALS
Address: 1615 S. FEDERAL HWY, STE 300
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DENNIS URBANSKI

MGRM

04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date