

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 FEB 18 PM 3:00


SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07192004 No Chg-LLC CR2E083 (10/03)

DOCUMENT # M01000000061

1. Entity Name
RAIZE STAFFING SOLUTIONS, LLC



Principal Place of Business 12 ELMWOOD RD. MENANDS, NY 12204	Mailing Address 12 ELMWOOD RD. MENANDS, NY 12204
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DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1827819	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

DO NOT WRITE IN THIS SPACE

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: *Delores Bustin* 1/2-05
Signature, typed or printed name of registered agent and the FEI applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANEY, PATRICK T JR 182 ELLIOT RD EAST GREENBUSH, NY 12061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAHONEY, SIAVN 14 LOVE SHADOW DR LATHAM, NY 12110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAGNER, WILLIAM 12 ELMWOOD RD ALBANY, NY 12204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**600042781926
02/22/05--01005--012 **50.00**

**600042781926
11/16/04--01042--018 **50.00**

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate, and that my 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: *William Wagner* 11/9/04 518-292-6522
SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #