

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90396 043 ***150.00

DOCUMENT # P01000015840 1. Entity Name LABOR SOLUTIONS STAFFING SERVICES, INC.	
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Principal Place of Business 205 N. SCENIC HWY STE 100 FROSTPROOF, FL 33843	Mailing Address PO BOX 995 FROSTPROOF, FL 33843
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DO NOT WRITE IN THIS SPACE



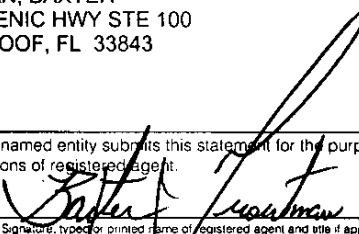
03242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3705908	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TROUTMAN, BAXTER 205 N. SCENIC HWY STE 100 FROSTPROOF, FL 33843
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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: 4.7.06

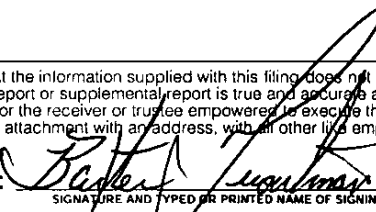
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROUTMAN, BAXTER G PO BOX 995 FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TROUTMAN, STUART C PO BOX 995 FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, ALBERT PO BOX 995 FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALBEITTON, ROBERT C JR PO BOX 995 FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 or without other lines empowered.

SIGNATURE:  DATE: 4.7.06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR