

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10060

FILED
Apr 28, 2005
Secretary of State

Entity Name: ALPHASTAFF GROUP, INC.

Current Principal Place of Business:

1801 CLINT MOORE RD.
SUITE 115
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

1801 CLINT MOORE RD.
SUITE 115
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-0314170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PSD () Delete
Name: BECK, ROBERT A II
Address: 1801 CLINT MOORE RD
City-St-Zip: BOCA RATON, FL 33487

Title: V () Delete
Name: THOMAS, IVEY
Address: 1801 CLINT MOORE RD #115
City-St-Zip: BOCA RATON, FL 33487

Title: CEO () Delete
Name: NORITAKE, RICHARD
Address: 1801 CLINT MOORE ROAD, STE 115
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: STARKMAN, JAY
Address: 1801 CLINT MOORE RD #115
City-St-Zip: BOCA RATON, FL 33487

Title: CFO (X) Change () Addition
Name: NORITAKE, RICHARD
Address: 1801 CLINT MOORE ROAD, STE 115
City-St-Zip: BOCA RATON, FL 33487

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 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: RICHARD NORITAKE

CFO

04/28/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date