## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000038715

Entity Name: PRESIDION CORPORATION

FILED Jun 01, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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755 W BIG BEAVER RD SUITE 1700 TROY, MI 48084

Current Mailing Address: New Mailing Address:

755 W BIG BEAVER RD SUITE 1700 TROY, MI 48084

FEI Number: 65-0832987 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 US

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: CHRISTINA DEMAIO, ASSISTANT SECRETARY 06/01/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: PTD (X) Change ( ) Addition Name: CARLSON, JASON W Name: VANDERBURG, CRAIG A

Address: 755 W BIG BEAVER RD STE 1700 Address: 755 W BIG BEAVER RD STE 1700

City-St-Zip: TROY, MI 48084 City-St-Zip: TROY, MI 48084

Name: VANDERBURG, CRAIG A Name: BAIERS, JAMES E

Address: 755 W BIG BEAVER RD STE 1700 Address: 755 W BIG BEAVER RD STE 1700

City-St-Zip: TROY, MI 48084 City-St-Zip: TROY, MI 48084

Title: SD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BAIERS, JAMES E
 Name:

 Address:
 755 W BIG BEAVER RD STE 1700
 Address:

City-St-Zip: TROY, MI 48084 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition Name: POLLACK, ROBERT M.D. Name:

 Name
 FOLLACK, ROBERT M.D.
 Name

 Address:
 755 W BIG BEAVER RD STE 1700
 Address:

 City-St-Zip:
 TROY, MI 48084
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: C.VANDERBURG BY C.DEMAIO, ATTORNEY-IN-FACT D 06/01/2007