

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005706

Entity Name: CLUB STAFFING, INC.

FILED
Mar 03, 2006
Secretary of State

Current Principal Place of Business:

4800 N. FEDERAL HWY
STE E-301
BOCA RATON, FL 334313428 US

Current Mailing Address:

4800 N. FEDERAL HWY
STE E-301
BOCA RATON, FL 334313428 US

New Principal Place of Business:

5901 BROKEN SOUND PARKWAY NW
SUITE 500
BOCA RATON, FL 33487 US

New Mailing Address:

5901 BROKEN SOUND PARKWAY NW
SUITE 500
BOCA RATON, FL 33487 US

FEI Number: 58-2655851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRASKA, LAWRENCE P
4800 N. FEDERAL HWY
STE E-301
BOCA RATON, FL 334313428 US

Name and Address of New Registered Agent:

KRASKA, LAWRENCE P
5901 BROKEN SOUND PARKWAY NW
SUITE 500
BOCA RATON, FL 33487 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:

03/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/V () Delete
Name: CARDENAS, L. DAVID
Address: METRO CENTER, 1 STATION PLACE
City-St-Zip: STAMFORD, CT 069026800 US

Title: D/V () Delete
Name: QUINN, JAMES J
Address: METRO CENTER, 1 STATION PLACE
City-St-Zip: STAMFORD, CT 069026800 US

Title: D () Delete
Name: CONROY, JAMES A
Address: METRO CENTER, 1 STATION PLACE
City-St-Zip: STAMFORD, CT 069026800 US

Title: D () Delete
Name: BENJAMIN, GERALD R
Address: 3414 PEACHTREE RD NE, SUITE 238-MONARCH P
City-St-Zip: ATLANTA, GA 303261153 US

Title: D () Delete
Name: MORRIS, ROBERT S
Address: METRO CENTER, 1 STATION PLACE
City-St-Zip: STAMFORD, CT 069026800 US

Title: D () Delete
Name: KRASKA, LAWRENCE P
Address: 4800 N. FEDERAL HWY, STE E-301
City-St-Zip: BOCA RATON, FL 334313428 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: KRASKA, LAWRENCE P
Address: 5901 BROKEN SOUND PARKWAY NW STE 500
City-St-Zip: BOCA RATON, FL 33487 US

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS MILOSZEWSKI

CFO

03/03/2006

Electronic Signature of Signing Officer or Director

Date