2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001757

Address:

City-St-Zip:

3870 STATE ST

SANTA BARBARA, CA 93105

FILED May 05, 2008 Secretary of State

Entity Nan	ne: REMEDY	TEMPORARY SERVICES, IN	C.					
Current Principal Place of Business:				New Principal Place of Business:				
101 ENTERPRISE ALISO VIEJO, CA 92656				3820 STATE STREET SANTA BARBARA, CA 93105				
Current Mailing Address:				New Mailing Address:				
101 ENTERPRISE ALISO VIEJO, CA 92656				3820 STATE STREET SANTA BARBARA, CA 93105				
FEI Number:	33-0867385	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificat	e of Status Desired	() t
Name and	Address of C	urrent Registered Agent:	Name and	and Address of New Registered Agent:				
11380 PRC	TE CREATION SPERITY FAR CH GARDENS	NS NETWORK, INC. MS ROAD #221E 5, FL 33410 US						
The above in the State		ubmits this statement for the p	ourpose o	f changing i	ts registered	d office or re	egistered agent, o	or both,
SIGNATUR								
	Electroni	c Signature of Registered Age	ent				Date	
Election Carr	npaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	DP () SORENSEN, D. 3820 STATE ST SANTA BARBAR			Title: Name: Address: City-St-Zip:	SORENSEN 3820 STATE	*	•	

Title: () Delete Title: PRES (X) Change () Addition Name: Name:

SORENSEN, D. STEPHEN SORENSEN, PAUL Address: 3820 STATE ST Address: 3820 STATE ST

SANTA BARBARA, CA 93105 SANTA BARBARA, CA 93105 City-St-Zip: City-St-Zip:

Title: CFO Title: () Delete () Change () Addition Name: MITCHELL, JEFF

Name: Address: 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: JEFF MITCHELL **CFO** 05/05/2008