2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001946

Title:

Name:

Address:

City-St-Zip:

me: CONTEMPORARY STAFFING SOLUTIONS INC

FILED Apr 29, 2005 Secretary of State

| Entity Name: CONTEMPORARY STAFFING SOLUTIONS, INC. | | | | | |
|---|--|---------------------------------|---|---|--|
| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | |
| | ER DR., STE. EL, NJ 08054 | 100 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | ER DR., STE. EL, NJ 08054 | 100 | | | |
| FEI Number: | 23-2779495 | FEI Number Applied For () | FEI Number Not Appl | icable () Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| 10151 DEÉ BUILDING | WILLIAM F RWOOD PAR 100, SUITE 22 /ILLE, FL 322 | 0 | | | |
| The above in the State | | ubmits this statement for the p | urpose of changing it | ts registered office or registered agent, or both, | |
| SIGNATUR | E: | | | | |
| | | ic Signature of Registered Age | ent | Date | |
| Election Cam | paign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | CP (X) PEARSON, WIL 830 WOODED F LOWER GWYN | POND | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VCVP () PEARSON, DAV 214 NEW STRE PHILADELPHIA, | ET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DS () PEARSON, MICI 335 BEECH LAN WEST CHESTE | IE . | Title: Name: Address: City-St-Zip: | CP (X) Change () Addition PEARSON, MICHAEL 335 BEECH LANE WEST CHESTER, PA 19382 | |
| Title: Name: Address: City-St-Zip: | DT () PEARSON, STE 1105 BRANDON WILMINGTON, I | I LANE | Title: Name: Address: City-St-Zip: | DT (X) Change () Addition PEARSON, STEPHEN C 110 PINE STREET PHILADELPHIA, PA 19106 | |

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL PEARSON PRES 04/29/2005

() Delete

TSAO, SHARON

225 E. OAK AVENUE

MOORESTOWN, NJ 08057

() Change () Addition