

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001946

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: CONTEMPORARY STAFFING SOLUTIONS, INC.

**Current Principal Place of Business:**

161 GAITHER DR., STE. 100  
MT. LAUREL, NJ 08054

**New Principal Place of Business:**

**Current Mailing Address:**

161 GAITHER DR., STE. 100  
MT. LAUREL, NJ 08054

**New Mailing Address:**

FEI Number: 23-2779495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEARSON, MICHAEL  
10151 DEERWOOD PARK BLVD.  
BUILDING 100, SUITE 220  
JACKSONVILLE, FL 32256 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: VCVF ( ) Delete  
Name: PEARSON, DAVID R  
Address: 214 NEW STREET  
City-St-Zip: PHILADELPHIA, PA 19106

Title: CP ( ) Delete  
Name: PEARSON, MICHAEL  
Address: 335 BEECH LANE  
City-St-Zip: WEST CHESTER, PA 19382

Title: DT ( ) Delete  
Name: PEARSON, STEPHEN C  
Address: 110 PINE STREET  
City-St-Zip: PHILADELPHIA, PA 19106

Title: D ( ) Delete  
Name: TSAO, SHARON  
Address: 225 E. OAK AVENUE  
City-St-Zip: MOORESTOWN, NJ 08057

**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:

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: MICHAEL A. PEARSON

CP

03/31/2009

Electronic Signature of Signing Officer or Director

Date