2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2004 8:00 am Secretary of State

Principal Place of Business 32 Marting Address	DOCUMENT # F0300004001 1. Entity Name SA STAFFING ALTERNATIVES INC.					05-05-2004 90247 042 ***150.00				
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City & State	2. Principal P	lace of Business	3. Mailing Address							
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292004	Chg-P	CR2E034 (10/03	3)		
S. Certificate of Status Desired			City & State		4. FEI Number	081131	⊢			
Name	Zip		·	Country				Fee Requi		
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curren	t Registered Agent	Nor		7. Name and A	Address of New Ro	egistered Agent		
### City FL Zip Code City City FL Zip Code City FL										
City	BROOKSVILLE, FL 34601			3 ·				, 		
SIGNATURE Signature Signa	. 1994			City	, ;			FL Zip Co	ode .	
Till NAME STREET ADDRESS STREET	8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office	ce or register	ed agent, or both	, in the State of Flo	rida. I am familiar wit	h, and accept	
### PROWNER FEE IS \$150.00 P. Election Campaign Financing Trust Fund Contribution. 10.										
### Added to Fees #### Added to Fees ##################################		Signature, typed or printed harne or registered age	and the happicable. (1401)	E. REGISLERED AGEIR	signature required	when reinstating)		DATE	-1	
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Thereby Certify that the information supplied with this tiling does not quality 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SCNATURE AND TYPED OF PROTED NAME OF SIGNANG OFFICER OF DIRECTOR

04 972-323-9777