## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000004993

Entity Name: TANDEM STAFFING SOLUTIONS, INC.

FILED May 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5901 BROKEN SOUND PKWY 3820 STATE ST

STE. 450 SANTA BARBARA, CA 93105 BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

5901 BROKEN SOUND PKWY 3820 STATE ST

STE. 450 SANTA BARBARA, CA 93105 BOCA RATON, FL 33487

FEI Number: 30-0015919 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK INC 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 ABADIE, CHARLES
 Name:
 SORENSEN, PAUL

 Address:
 1690 S. CONGRESS AVE., STE. 210
 Address:
 3820 STATE ST

City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: SANTA BARBARA, CA 93105

Title: SECY ( ) Delete Title: VP (X) Change ( ) Addition

Name:ALSTON, HEATHER CName:HULME, RICHAddress:1690 CONGRESS AVEAddress:3820 STATE ST

City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: SANTA BARBARA, CA 93105

 $\begin{tabular}{lll} Title: & C & ( ) Delete & Title: & SECY & (X) Change & ( ) Addition \\ \end{tabular}$ 

Name: DAVIS, CLARA Name: MITCHELL, JEFF R

Address: 5901 BROKEN SOUND PKWY Address: 3820 STATE ST

City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: SANTA BARBARA, CA 93105

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 R MITCHELL SECY 05/05/2008