

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90183 011 ***150.00

DOCUMENT # F04000003126		
1. Entity Name ERP STAFFING SOLUTIONS LTD. CORP.		

Principal Place of Business 9416 OLD HYDE PARK PLACE BRADENTON, FL 34202	Mailing Address 9416 OLD HYDE PARK PLACE BRADENTON, FL 34202
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50048290

2. Principal Place of Business 9090 58th DRIVE EAST Suite, Apt. #, etc. # 200 City & State BRADENTON, FLORIDA Zip 34202 6112 Country	3. Mailing Address 9090 58th DRIVE EAST Suite, Apt. #, etc. # 200 City & State BRADENTON, FLORIDA Zip 34202 6112 Country
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05022005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent BOVAIRD, MICHAEL 9416 OLD HYDE PARK PLACE BRADENTON, FL 34202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number 98-0377762	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be	In accordance with s. 607.193(2)(b), F.S., the
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP BOVAID, MICHAEL 9416 OLD HYDE PARK PLACE BRADENTON, FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC PETERSON, PAUL 1001 E Wt HARRIS BLVD., SUITE 126 CHARLOTTE, NC 282135128 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

*Did not receive notice
due to address change.
Therefore, please note
address change
Thank You*

12. I hereby certify that the information supplied with this filing does not qualify 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 an email like empowered.

SIGNATURE: *Paul Peterson* **april 26/2005** **866-633-3727**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Paul Peterson* Date Daytime Phone # *(Ext 102)*