


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90038 017 ***150.00

DOCUMENT # F04000004356			
1. Entity Name COSTAFF NATIONAL SERVICES, INC.			
Principal Place of Business 6100 NEIL ROAD, SUITE 500 RENO, NV 89511		Mailing Address 30549 CENTURY DRIVE WIXOM, MI 48393	
2. Principal Place of Business		3. Mailing Address 28580 Orchard Lake Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 210	
City & State		City & State Farmington Hills, Mi	
Zip	Country	Zip	Country
		48334	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD BULGARELLI, MICHAEL R 30549 CENTURY DRIVE WIXOM, MI 48393 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bulgarelli Michael 28580 Orchard Lake Rd. Suite 210 Farmington Hills, Mi 48334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEITH, DONALD G 30549 CENTURY DRIVE WIXOM, MI 48393 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Leith, Donald 28580 Orchard Lake Rd. Suite 210 Farmington Hills, Mi 48334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Michael A. Bulgarelli</u>		Date: <u>8/23/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	