2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2006
Secretary of State

DOCUMENT# F05000000624

Entity Name: TEMPORARY EMPLOYEE SERVICES, INC.

Current Principal Place of Business:

5413 MORTON RD
NEW BERN, NC 28561

New Principal Place of Business:

5413 MORTON RD
NEW BERN, NC 28562

Current Mailing Address:

5413 MORTON RD
NEW BERN, NC 28561

New Mailing Address:

P.O BOX 12780
NEW BERN, NC 28561

FEI Number: 56-1308931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: LUCINE MOFFETT

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:

Title: DP ( ) Delete
Name: MOFFETT, LUCINE
Address: 5413 MORTON RD
City-St-Zip: NEW BERN, NC 28561

Title: ST ( ) Delete
Name: MOFFETT, PETER J
Address: 5413 MORTON RD
City-St-Zip: NEW BERN, NC 28561

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: MOFFETT, JAIME L
Address: 5413 MORTON RD
City-St-Zip: NEW BERN, NC 28561

Title: ST ( ) Change (X) Addition
Name: MOFFETT, KELLI M
Address: 5413 MORTON RD
City-St-Zip: NEW BERN, NC 28561

I hereby certify that the information supplied with this filing does not qualify for the 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: LUCINE MOFFETT DP 10/10/2006

Electronic Signature of Signing Officer or Director — Date