


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90029 018 ***150.00

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| DOCUMENT # F05000004091 |  |
| 1. Entity Name BEALE PERSONNEL, INC. | |

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| Principal Place of Business 1515 N. FEDERAL HIGHWAY SUITE 300 BOCA RATON, FL 33432 | Mailing Address 1515 N. FEDERAL HIGHWAY, SUITE 300 BOCA RATON, FL 33432 |
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| 2. Principal Place of Business - No P.O. Box # 1200 N. FEDERAL HWY | 3. Mailing Address 1200 N FEDERAL HWY |
| Suite, Apt. #, etc. SUITE 200 | Suite, Apt. #, etc. 1200 |
| City & State BOCA RATON FL | City & State BOCA RATON, FL |
| Zip 33432 | Country USA |

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| 01292008 | Chg-P CR2E034 (12/06) |
| 4. FEI Number 52-2009397 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BEALE, JOSEPH 2155 S. OCEAN BLVD., #21 DELRAY BEACH, FL 33483 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

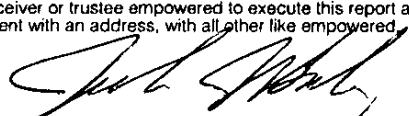
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BEALE, CAROL 2155 S OCEAN BLVD., #21 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD BEALE, JOSEPH 2155 S OCEAN BLVD., #21 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  Registered Agent 1/30/08