2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000006453

Entity Name: TACTICAL WORKFORCE SOLUTIONS, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
25 BRAINTREE HILL OFFICE PARK SUITE 200 BRAINTREE, MA 02184	

Current Mailing Address:	**New Mailing Address:**
25 BRAINTREE HILL OFFICE PARK SUITE 200 BRAINTREE, MA 02184	

FEI Number: 20-3512623   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:**
NRAI SERVICES, INC. 515 E. PARK AVENUE TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: DIR
Name: BUCHANAN, HERBERT L
Address: 25 BRAINTREE HILL OFFICE PARK, SUITE 200
City-St-Zip: BRAINTREE, MA 02184

Title: DIR
Name: SANSONE, JOSEPH S
Address: 25 BRAINTREE HILL OFFICE PARK, SUITE 200
City-St-Zip: BRAINTREE, MA 02184

Title: P
Name: KOENIG, RICHARD
Address: BRAINTREE HILL OFFICE PARK, SUITE 200
City-St-Zip: BRAINTREE, MA 02184

Title: S
Name: SOMMERS, MIKE
Address: BRAINTREE HILL OFFICE PARK, SUITE 200
City-St-Zip: BRAINTREE, MA 02184

Title: T
Name: SOMMERS, MIKE
Address: BRAINTREE HILL OFFICE PARK, SUITE 200
City-St-Zip: BRAINTREE, MA 02184

I hereby 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 all other like empowered.

SIGNATURE: MIKE SOMMERS   S   12/05/2012
_____   _____
Electronic Signature of Signing Officer or Director   Date