

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006457

FILED
Feb 16, 2006
Secretary of State

Entity Name: OUTSOURCE PARTNERS INTERNATIONAL, INC.

Current Principal Place of Business:

11150 SANTA MONICA BLVD., SUITE 350
LOS ANGELES, CA 90025

New Principal Place of Business:

11150 SANTA MONICA BLVD.
SUITE 350
LOS ANGELES, CA 90025

Current Mailing Address:

11150 SANTA MONICA BLVD., SUITE 350
LOS ANGELES, CA 90025

New Mailing Address:

11150 SANTA MONICA BLVD.
SUITE 350
LOS ANGELES, CA 90025

FEI Number: 13-4028353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SCHMITZ, CLARENCE
Address: 11150 SANTA MONICA BLVD., SUITE 350
City-St-Zip: LOS ANGELES, CA 90025

Title: P () Delete
Name: MIRCHANDANI, KISHORE
Address: 11150 SANTA MONICA BLVD., SUITE 350
City-St-Zip: LOS ANGELES, CA 90025

Title: ST () Delete
Name: MEARNS, JAMIE
Address: 11150 SANTA MONICA BLVD., SUITE 350
City-St-Zip: LOS ANGELES, CA 90025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SCHMITZ, CLARENCE T MR.
Address: 11150 SANTA MONICA BLVD., SUITE 350
City-St-Zip: LOS ANGELES, CA 90025

Title: PRES (X) Change () Addition
Name: MIRCHANDANI, KISHORE
Address: 11150 SANTA MONICA BLVD., SUITE 350
City-St-Zip: LOS ANGELES, CA 90025

Title: TREA (X) Change () Addition
Name: MEARNS, JAMIE
Address: 11150 SANTA MONICA BLVD., SUITE 350
City-St-Zip: LOS ANGELES, CA 90025

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: JAMIE MEARNS

TREA

02/16/2006

Electronic Signature of Signing Officer or Director

Date