2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005181

Entity Name: ENCADRIA STAFFING SOLUTIONS, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
	ITREE ST., NE			,		
Current Mailing Address:			New Mailing Address:			
133 PEACHTREE ST., NE SUITE 800 ATLANTA, GA 30303						
FEI Number: 58-1684852 FEI Number Applied For () FEI Num			mber Not Appli	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution ().					Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () CORRELL, A.D. 133 PEACHTREE ATLANTA, GA 30		Title: Name: Address: City-St-Zip:	PD (X) Change BREHM, JULIE A 133 PEACHTREE ST., I ATLANTA, GA 30303	e()Addition	
Title: Name: Address: City-St-Zip:	DCFO ()E HUFF, DANNY 133 PEACHTREE ATLANTA, GA 30		Title: Name: Address: City-St-Zip:	DCFO (X) Change WOOLSON, TYLER L 133 PEACHTREE ST., I ATLANTA, GA 30303	e()Addition	
Title: Name: Address: City-St-Zip:	DP ()E BARNARD, PATR 133 PEACHTREE ATLANTA, GA 30	STREET NE	Title: Name: Address: City-St-Zip:	DSEC (X) Change DARLAND, TYE G 133 PEACHTREE STRE ATLANTA, GA 30303	e()Addition EET NE	
Title: Name: Address: City-St-Zip:	V ()E KELLEY, JAMES 133 PEACHTREE ATLANTA, GA 30	F ST., NE	Title: Name: Address: City-St-Zip:	AS (X) Change LAWLESS, BETH 133 PEACHTREE ST., I ATLANTA, GA 30303		
Title: Name: Address: City-St-Zip:	V ()E MAMRACK, WILL 55 PARK PLACE ATLANTA, GA 30		Title: Name: Address: City-St-Zip:	VP (X) Change MCNEELY, DENNIS L 55 PARK PLACE ATLANTA, GA 30303	e () Addition	
Title: Name: Address: City-St-Zip:	S () E KHOURY, KENNE 133 PEACHTREE ATLANTA, GA 30	ST., NE	Title: Name: Address: City-St-Zip:	AS (X) Change SIMPSON, STEFANIE (133 PEACHTREE ST., I ATLANTA, GA 30303		

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: BETH LAWLESS AS 04/25/2006