2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# F96000000763

Entity Name: A-1 TEMPS, INC.

Current Principal Place of Business:

3829 COCONUT PALM DR
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

3829 COCONUT PALM DRIVE
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 58-2217015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRINGTON, JR T D
3829 COCONUT PALM DRIVE
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

HARRINGTON, THOMAS D
3829 COCONUT PALM DRIVE
TAMPA, FL 33619 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: THOMAS D. HARRINGTON, JR. 02/19/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PDC	( ) Delete
Name:	KLINGHOFFER, MEL	
Address:	3829 COCONUT PALM DR	
City-St-Zip:	TAMPA, FL 33619	
Title:	S	( ) Delete
Name:	ANA B ALFONSO,	
Address:	3829 COCONUT PALM DRIVE	
City-St-Zip:	TAMPA, FL 33619	
Title:	VP	( ) Delete
Name:	KLINGHOFFER, MELANIE	
Address:	3829 COCONUT PALM DR	
City-St-Zip:	TAMPA, FL 33619	
Title:	VP	( ) Delete
Name:	DIXON, JEREMY	
Address:	3829 COCONUT PALM DR	
City-St-Zip:	TAMPA, FL 33619	
Title:	VP	( ) Delete
Name:	HARRINGTON, THOMAS D	
Address:	3829 COCONUT PALM DR	
City-St-Zip:	TAMPA, FL 33619	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS D. HARRINGTON, JR. VP 02/19/2008
Electronic Signature of Signing Officer or Director Date