

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000005295

1. Entity Name

COMFORCE INFORMATION TECHNOLOGIES, INC.



Principal Place of Business

415 CROSSWAYS PARK DR
WOODBURY, NY 11797

Mailing Address

415 CROSSWAYS PARK DR
WOODBURY, NY 11797

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number

11-3318933

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000535563
05/08/06-80057-007 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PCEO
MACCARRONE, HARRY V
415 CROSSWAYS PARK DR
WOODBURY, NY 11797

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SVPF
ENDE, ROBERT F
415 CROSSWAYS PARK DR
WOODBURY, NY 11797

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VS
ANNICELLI, LINDA
415 CROSSWAYS PARK DR
WOODBURY, NY 11797

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPAS
FELTMAN, ARTHUR A
415 CROSSWAYS PK DR
WOODBURY, M 11797

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
GOLIO, TERESA
415 CROSSWAYS PARK DR
WOODBURY, NY 11797

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
CLAIBORNE, DIANE
415 CROSSWAYS PARK DR
WOODBURY, NY 11797

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IN THIS SPACE**

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:

Art A. Felton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06
Date

437-3300
Daytime Phone #