


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000000645 1. Entity Name ASI STAFFING, INC.	
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Principal Place of Business 175 BROAD HOLLOW RD. TAX DEPT MELVILLE, NY 11747	Mailing Address 175 BROAD HOLLOW RD. TAX DEPT MELVILLE, NY 11747
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DO NOT WRITE IN THIS SPACE



05022008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3325065	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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: _____ (NOTE: Registered Agent signature required when reappointing)
Signature, typed or printed name of registered agent and title if applicable DATE
000000951085
06/04/08-80016-021 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILLIAM, THERON I 175 BROAD HOLLOW RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO NOLAN, STEPHEN 175 BROAD HOLLOW RD. MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS REARDON, GEORGE M 175 BRAND HOLLOW RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINIK, DANIEL D SAGEREISTRASSE 10 GLATTBURGG, SWITZERLAND, CH-812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EHRHART, DAWN 175 BROAD HOLLOW RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KARABELAS, DIANA R 175 BROAD HOLLOW RD MELVILLE, NY 11747

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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: Dawn Ehrhart 5208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #