2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001499

Entity Name: MEDICAL STAFFING NETWORK, INC.

FILED May 01, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
901 YAMATO RD SUITE 110 BOCA RATON, FL 33431					
Current Mailing Address:			New Mailir	New Mailing Address:	
901 YAMATO RD SUITE 110 BOCA RATON, FL 33431					
FEI Number:	59-3489868	FEI Number Applied For () FEI Num	nber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
LITTLE, KEVIN 901 YAMATO ROAD #110 BOCA RATON, FL 33431 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					
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEOP () [ADAMSON, ROB 901 YAMATO RD BOCA RATON, F	., #110	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition ADAMSON, ROBERT 901 YAMATO RD., #110 BOCA RATON, FL 33431	
Title: Name: Address: City-St-Zip:	DVST () E LITTLE, KEVIN S 901 YAMATO RD BOCA RATON, F	., #110	Title: Name: Address: City-St-Zip:	PST (X) Change () Addition LITTLE, KEVIN S 901 YAMATO RD., #110 BOCA RATON, FL 33431	
Title: Name: Address: City-St-Zip:	DV () E DONOHOE, PATI 901 YAMATO RD BOCA RATON, F	.,#110	Title: Name: Address: City-St-Zip:	CNO (X) Change () Addition DONOHOE, PATRICIA 901 YAMATO RD.,#110 BOCA RATON, FL 33431	
Title: Name: Address: City-St-Zip:	D () E ACKERMAN, JOE 901 YAMATO RD BOCA RATON, F	., #110	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E WENSTRUP, DA' 901 YAMATO RD BOCA RATON, F	., #110	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E WESTER, DAVID 901 YAMATO RD BOCA RATON, F	., #110	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: KEVIN S. LITTLE PST 05/01/2007