2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# F98000003094

Entity Name: TRADESOURCE STAFFING INC.

Current Principal Place of Business:

205 HALLENE ROAD
UNIT 211
WARWICK, RI 02886 US

New Principal Place of Business:

Current Mailing Address:

205 HALLENE ROAD
UNIT 211
WARWICK, RI 02886 US

New Mailing Address:

FEI Number: 13-7045319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KASKEL, RICHARD
Address: 15 GRAHAMPTON LANE
City-St-Zip: GREENWICH, CT 06830

Title: VS ( ) Delete
Name: TREACY, PATRICK T
Address: 205 HALLENE RD UNIT 211
City-St-Zip: WARWICK, RI 02886

Title: V ( ) Delete
Name: RIDER, JOHN
Address: 175 RANGE ROAD
City-St-Zip: PITTSFIELD, NH 03263

Title: PD ( ) Delete
Name: FERRY, JAMES J
Address: 205 HALLENE RD UNIT 211
City-St-Zip: WARWICK, RI 02886 US

Title: V ( ) Delete
Name: SIGMAN, GORDON
Address: 205 HALLENE RD UNIT 211
City-St-Zip: WARWICK, RI 02886 US

Title: D ( ) Delete
Name: FOSTER, MICHAEL
Address: 36 GROVE STREET
City-St-Zip: NEW CANAAN, CT 06840

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:

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: GORDON SIGMAN V 04/23/2009

Electronic Signature of Signing Officer or Director Date