

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004255

FILED
Jan 04, 2005
Secretary of State

Entity Name: ALCOTT STAFF LEASING, INC.

Current Principal Place of Business:

71 EXECUTIVE BLVD.
FARMINGDALE, NY 117354710

New Principal Place of Business:

Current Mailing Address:

71 EXECUTIVE BLVD.
FARMINGDALE, NY 117354710

New Mailing Address:

PO BOX 160
FARMINGDALE, NY 117350160

FEI Number: 11-2831424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMBERG EXCELSIOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811 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: DS () Delete
Name: SHORTEN, BARRY
Address: 17 DOGWOOD PLACE
City-St-Zip: MASSAPEQUA, NY 11758

Title: PD () Delete
Name: BASSO, LOUIS JR.
Address: 55 WYANDANCH BLVD.
City-St-Zip: SMITHTOWN, NY 11787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: BARRY SHORTEN

DS

01/04/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date