

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F99000003326

1. Entity Name
PERSONNEL MANAGEMENT SOLUTIONS, INC.



Principal Place of Business
1080 KIRTS BLVD
SUITE 200
TROY, MI 48084

Mailing Address
1080 KIRTS BLVD
SUITE 200
TROY, MI 48084

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008 Chg-P CR2E034 (12/06)

4. FEI Number
38-3131345

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRES, GINA
1900 W. COMMERCIAL BLVD.
124
FT. LAUDERDALE, FL 33309

Name **GINA TORRES**

Street Address (P.O. Box Number is Not Acceptable)
1600 W. COMMERCIAL Blvd
Suite 104

City **Ft Lauderdale**

FL Zip Code **33309**

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

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

(NOTE: Registered Agent signature required when reinstating)

3/14/08 DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC KELLY, SEAN 1080 KIRTS BLVD, SUITE 200 TROY, MI 48084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCST MULLER, STEPHEN 1080 KIRTS BLVD, SUITE 200 TROY, MI 48084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Sean Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08 248 269 5600

Date

Daytime Phone #

**FILED
Mar 18, 2008 8:00 am
Secretary of State**

03-18-2008 90018 019 ***150.00