## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F99000005183

Current Principal Place of Rusiness:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: MAGLIO-ACCUFACTS PRE-EMPLOYMENT SCREENING, INC.

FILED Dec 14, 2006 Secretary of State

New Principal Place of Business:

- arrener imorpar i lace of Basinessi				Trem I interpart race of Basinessi			
2180 SR 4 SUITE 415 LONGWO			5	2180 SR 43 SUITE 4150 LONGWOO		US	
Current Mailing Address:				New Mailing Address:			
2180 SR 4 SUITE 415 LONGWO			5	2180 SR 43 SUITE 4150 LONGWOO		US	
FEI Number: 13-4108277 FEI Number Applied For ( ) FEI Nu			FEI Numb	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US				CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US			
	named entity see of Florida.	submits this statement for the pu	urpose of	changing it	s registered o	ffice or registered agent, or both,	
SIGNATURE: TROY TODD				12/14/2006			
	Electron	ic Signature of Registered Age	nt			Date	
Election Car	npaign Financing	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD () LUIZZO, PHILIF 2180 SR 434 W LONGWOOD, F	/.,STE.4150	N A	Fitle: Name: Address: Dity-St-Zip:	P (X) LUIZZO, PHIL 2180 SR 434 W LONGWOOD, F		
Title: Name: Address: City-St-Zip:	VD () SVEDESE, JOH 2180 SR 434 W LONGWOOD, F	/.,STE. 4150	N A	Fitle: Name: Address: City-St-Zip:	WATERS, JULÍ 100 CARILLON		
Title: Name: Address: City-St-Zip:	LUIZZO, ANTHO	APODANNO BLVD.	N A	Fitle: Name: Address: City-St-Zip:	JARDINE, BRE 100 CARILLON		

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: BRET T. JARDINE SD 12/14/2006

( ) Delete

() Delete

( ) Change (X) Addition

( ) Change (X) Addition

LONG, JOHN W

LAMSON, JOHN C

100 CARILLON PARKWAY

100 CARILLON PARKWAY ST. PETERSBURG, FL 33716 US

ST. PETERSBURG, FL 33716 US