2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # J93638 1. Entity Name 04-29-2004 90302 027 ***150.00 TEMPS LTD., INC. 12. Buckeye Principal Place of Business Mailing Address 3114 45TH ST 3114 45TH ST # 8 Jan Bach FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 31-1219045 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALUCH, LAURENCE S Street Address (P.O. Box Number is Not Acceptable) 3114 45TH ST #8 WEST PALM BEACH FL 33407 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BALUCH, LAURENCE \$ NAME NAME STREET ADDRESS 3114 45TH ST # 8 STREET ADDRESS WEST PALM BEACH FL 33407 CiTY-ST-7IP CITY-ST-ZIP VP D.P. TITLE TITLE Change ☐ Addition BALUCH, LARA S. 3114 45TH ST. #8 BALUCH, STACY L NAME NAME STREET ADDRESS 3114 45TH ST # 8 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP WEST PALM BEACH , FL TITLE Delete TITLE ☐ Change ■ Addition NAME BALUCH, SANDRALL NAME STREET ADDRESS 3114 45TH ST # 8 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP TITLE Delete TIT! F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME AND LIB NAME and arm of the per-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. It hereby certify that the information supplied with this filing does not qualify 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 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. SANDRA L. BALUCH 4-23-04 686.9877 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 🚤