



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000007271</b>		
1. Entity Name <b>STRATAFORCE PROFESSIONAL SALES SERVICES, L.L.C.</b>		
Principal Place of Business <b>1125 US HIGHWAY 98 SOUTH, SUITE 200 LAKELAND, FL 33801</b>		Mailing Address <b>1125 US HIGHWAY 98 SOUTH, SUITE 200 LAKELAND, FL 33801</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01162006 No Chg-LLC CR2E083 (11/05)
4. FEI Number <b>59-3680195</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>MAYHUGH, LINDA 1125 US HWY 98 S SUITE 200 LAKELAND, FL 33801</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
1100000417728 02/13/06-80067-003 55.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ADVANTAGE TRAVEL, LC 1125 US HIGHWAY 98 SOUTH, SUITE 200 LAKELAND, FL 33801</b>	
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<b>DO NOT WRITE IN THIS SPACE</b>		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  <b>Joseph P. St. John</b> 1/27/06 8636861400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		