


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90011 015 \*\*\*\*50.00

<b>DOCUMENT # L03000016791</b> 1. Entity Name EXPEDIENT STAFFING SOLUTIONS, LLC	
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Principal Place of Business 1515 NORTH FEDERAL HWY., STE. 300 BOCA RATON, FL 33432	Mailing Address 1515 NORTH FEDERAL HWY., STE. 300 BOCA RATON, FL 33432
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**DO NOT WRITE IN THIS SPACE**

01302006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 68-0552563	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY., STE. 300  
TAMPA, FL 33637-2087

**DO NOT WRITE  
IN THIS SPACE**

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.

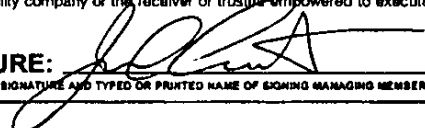
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LUBITZ, JARED 26 SHARON DR. EAST HANOVER, NJ 07936
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **3/1/2006** **800-639-4760 x 70**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT  
26021586

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2006

EXPEDIENT STAFFING SOLUTIONS, LLC  
1515 NORTH FEDERAL HWY., STE. 300  
BOCA RATON, FL 33432

Subject: **EXPEDIENT STAFFING SOLUTIONS, LLC**

Reference Number: **L03000016791**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RM  
ANNUAL REPORTS SECTION