

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 DEC -4 PM 12:07

<b>DOCUMENT # L03000029457</b>			
<b>1. Entity Name</b> BOARD CERTIFIED STAFFING, LLC			
<b>Principal Place of Business</b> 2800 4TH STREET NORTH SUITE 191 ST. PETERSBURG, FL 33704		<b>Mailing Address</b> 2800 4TH STREET NORTH SUITE 191 ST. PETERSBURG, FL 33704	
<b>2. Principal Place of Business - No P.O. Box #</b> 8806 29 STREET E Suite, Apt. #, etc.		<b>3. Mailing Address</b> 6312 U.S. Hwy 301 N. Suite, Apt. #, etc. 175	
<b>City &amp; State</b> PARRISH, FL <b>Zip</b> 34219		<b>City &amp; State</b> ELLENTON, FL <b>Zip</b> 34222	
<b>Country</b> MAJADEE		<b>Country</b> MAJADEE	
<b>4. FEI Number</b> 20-0146277		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)			
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR GIBSON, PAUL B 2800 4TH STREET NORTH, SUITE 191 SAINT PETERSBURG, FL 33704	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR AGNES M. WOLFE 8806 29ST E PARRISH, FL 34219
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<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.</b>			
<b>SIGNATURE:</b> _____		Nov. 29, 2007 941-586-2940	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	