

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009243

FILED
Apr 19, 2005
Secretary of State

Entity Name: STAFFING SOLUTIONS INTERNATIONAL, LLC

Current Principal Place of Business:

1343 MAIN STREET
STE 300
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1343 MAIN STREET
STE 300
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 56-2435811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, BART
1343 MAIN STREET
STE 300
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

WALKER, BARTON T
1343 MAIN STREET
STE 300
SARASOTA, FL 34236 US

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.

SIGNATURE: BARTON T. WALKER

04/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WALKER, BART
Address: 1343 MAIN STREET, STE 300
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR () Delete
Name: RAWSTERN, TERRY
Address: 1343 MAIN STREET, STE 300
City-St-Zip: SARASOTA, FL 34236 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WALKER, BARTON T
Address: 1343 MAIN STREET, STE 300
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR (X) Change () Addition
Name: RAWSTERN, TERRY D
Address: 1343 MAIN STREET, STE 300
City-St-Zip: SARASOTA, FL 34236 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARTON T. WALKER

MGRM

04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date