2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040525

Address:

City-St-Zip:

Entity Name: STAFFMASTERS MARINE, LLC

FILED Jun 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1840 SOUTHSIDE BLVD. SUITE 1A JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 1840 SOUTHSIDE BLVD. SUITE 1A JACKSONVILLE, FL 32216 FEI Number: 20-8761350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BALLINGER, DAN STAFF MASTERS OF JACKSONVILLE, INC. 1840 SOUTHSIDE BLVD. 1840 SOUTHSIDE BLVD. SUITE 1A SUITE 1A JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32216 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: HUGHEY DANIEL BALLINGER 06/17/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete MGRM Title: () Change () Addition STAFFMASTERS OF JACKSONVILLE, INC. Name: Name: Address: 1840 SOUTHSIDE BLVD., #1A Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MACKENZIE, WES Name: Name: Address: 605 B LYNDALE CT. Address: City-St-Zip: GREENVILLE, NC 27858 City-St-Zip: Title: MGR () Delete Title: () Change () Addition RASSETTE, CHAD Name: Name: 410 OBERLIN RD., SUITE 429 Address: Address: City-St-Zip: RALEIGH, NC 27605 City-St-Zip: Title: () Delete Title: MGR () Change (X) Addition Name: Name: BALLINGER, HUGHEY D

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

1840 SOUTHSIDE BLVD, STE 1A

06/17/2009

JACKSONVILLE, FL 32216

SIGNATURE: HUGHEY DANIEL BALLINGER PRES