2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103918

Entity Name: PERSONNEL LABS, LLC

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2077 FIRST STREET SUITE 208 2215 WINKLER AVENUE FT. MYERS, FL 33901 FT. MYERS, FL 33901

Current Mailing Address: New Mailing Address:

2077 FIRST STREET SUITE 208 2215 WINKLER AVENUE FT. MYERS, FL 33901 FT. MYERS, FL 33901

FEI Number: 26-2366812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLT, JOANNE C
2077 FIRST STREET SUITE 208
FT. MYERS, FL 33901 US
COSSAIRT, DONALD C
2215 WINKLER AVENUE
FT. MYERS, FL 33901 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: DONALD C. COSSAIRT 04/24/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SALKO, EDWARD DO
 Name:

 Address:
 14012 CLEAR WATER LANE 208
 Address:

 City-St-Zip:
 FT. MYERS, FL 33907
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: HOLT, JOANNE Name: EDGAR, WILSON

 Address:
 408 SNOW DRIVE
 Address:
 1560 MATTHEW DRIVE, UNIT H

 City-St-Zip:
 FT. MYERS, FL 33919
 City-St-Zip:
 FT. MYERS, FL 33907

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.

SIGNATURE: EDWARD SALKO MGRM 04/24/2008