2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052110

Entity Name: VOYAGE STAFFING MIDWEST, LLC

FILED Jan 25, 2009 Secretary of State

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

% GARY D. LIPSON, ESQ 1485 INTERNATIONAL PARKWAY 390 N ORANGE AVÉ - STE 1500 **SUITE 2051** ORLANDO, FL 32801

HEATHROW, FL 32746

Current Mailing Address: New Mailing Address:

% GARY D. LIPSON, ESQ. 1485 INTERNATIONAL PARKWAY 390 N ORANGE AVÉ - STE 1500 SUITE 2051

ORLANDO, FL 32801 HEATHROW, FL 32746

FEI Number: 26-2694754 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:

LIPSON, GARY D 390 N ORANGE AVE STE 1500 ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

CURLEY, NOAL Name: Name:

Address: Address: 1485 INTERNATIONAL PKWY, SUITE 2051

City-St-Zip: City-St-Zip: HEATHROW, FL 32746 US

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

Name: Name: LEWIS, MICHAEL E

Address: Address: 1485 INTERNATIONAL PKWY, SUITE 2051

City-St-Zip: City-St-Zip: HEATHROW, FL 32746

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: NOAL CURLEY 01/25/2009