


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L96000001341 1. Entity Name STRATEGIC STAFFING SOLUTIONS, L.C.	
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Principal Place of Business 645 GRISWOLD ST STE 2900 DETROIT, MI 48226	Mailing Address 645 GRISWOLD ST STE 2900 DETROIT, MI 48226
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DO NOT WRITE IN THIS SPACE

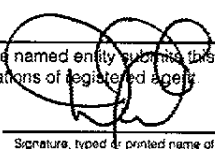


07032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3455070	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FOX, DAVID 5300 W. CYPRESS STREET, SUITE 190 TAMPA, FL 33607	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE  David L. Fox 07/10/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

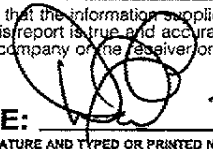
**Filing Fee is \$50.00
Due by September 14, 2007**

U00000768448
07/12/07-00008-009 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASKY, CYNTHIA 200 RIVERFRONT #24K DETROIT, MI 48226
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  David L. Fox, Corporate Secretary 07/10/2007 313 596-6911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #