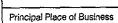
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2006 08:00 Al Secretary of State

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1. Entity Name

COMFORCE TECHNICAL, LLC



Mailing Address

415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797

415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797



DO NOT WRITE IN THIS SPACE

01092006 No Chg-LLC CR2E083 (11/05)

Echnical Series The

Daytime Phone #

4. FEI Number 20-0406006 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	named entity submits this statement for the purpose of changi ions of registered agent.	ng its registered of	office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Ager	i, ent signature required when reinstaling) DATE	
Filing Fee is \$50.00 Due by May 1, 2006				
9,	MANAGING MEMBERS/MANAGERS		1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMFORCE TECHNICAL SERVICES, INC. 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	····	U00000534060 05/06/06-80148-007 50.00	
ITILE NAME STREET ADDRESS CITY-ST-ZIP	WOODSDR1, W. 11191		05/06/06-80148-007 50.W	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>	IN THIS SPACE	
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TITLE NAME STREET ADDRESS CHY-ST-ZIP		5	grande and the second of the s	
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further cartify 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE