2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004421

Entity Name: THE STAFF INCORPORATED

FILED Jan 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11025 PINTO DR. 13525 DINGUS LANE HUDSON, FL 34669 HUDSON, FL 34667 **Current Mailing Address: New Mailing Address:** P.O. BOX 1776 ELFERS, FL 34680 FEI Number: 56-2376140 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: OTOK BEN-HVAR, SECRETARY OTOK BEN-HVAR, SECRETARY P.O. BOX 1776 13525 DINGUS LANE ELFERS, FL 34680 US HUDSON, FL 34667 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: OTOK BEN-HVAR 01/27/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Change () Addition () Delete HENDERSON, MD, ROBERT L COLONEL Name: Name: 2680 HIPSLEY MILL RD Address: Address: City-St-Zip: WOODBINE, MD 21797 City-St-Zip:

Title:

Name:

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Name:

Address:

City-St-Zip:

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Title: SEC.

Title:

Name:

Address:

City-St-Zip:

() Delete BEN-HVAR, OTOK A Name:

Address: P.O. BOX 1776 City-St-Zip: ELFERS, FL 34680

Title: TREA () Delete Name: STEVEN, ELLWANGER CPA Address: 118 LOCUST DR City-St-Zip: UPPER NYACK, NY 10960

() Delete

2 CONVENT RD., P.O. BOX 476

MORRISTOWN, NJ 07961 04

CURRAN, ROSALIE DR.

Title: TREA (X) Change () Addition Name: STEVEN, ELLWANGER CPA Address: 431GRAND AVENUE SARATOGA SPRINGS, NY 12866

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I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OTOK BEN-HVAR SEC 01/27/2007