



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000007633 1. Entity Name TREASURE COAST EMPLOYMENT SERVICES I, INC.		
Principal Place of Business 921 E HALL ST STUART, FL 34994	Mailing Address 921 E HALL ST STUART, FL 34994	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GIPSON, CEPHAS L II 921 E HALL ST STUART, FL 34994		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000757272 05/23/07-80063-028 70.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIPSON, CEPHAS L II 921 E HALL ST STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIE, JAMES ALBERT 915 HALL STREET STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON-CLARKE, OULA R PO BOX 3335 STUART, FL 34995	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEAKS, LOTUS K 7678 SE KINGS WAY HOBE SOUND, FL 33455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/1/07 (772) 528-8253 <small>Date Daytime Phone #</small>