2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N12324

Entity Name: FLORIDA STAFFING ASSOCIATION, INC.

Current Principal Place of Business:

525 SW 5TH STREET
SUITE A
DES MOINES, IA 50309 US

New Principal Place of Business:

Current Mailing Address:

525 SW 5TH STREET
SUITE A
DES MOINES, IA 50309 US

New Mailing Address:

FEI Number: 59-2673833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAIRCHILD, KEITH
9770 BAYMEADOWS RD
STE 123
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MANGINES, BRIAN
Address: 2000 GLADES ROAD, STE 324
City-St-Zip: BOCA RATON, FL 33431 US

Title: VP ( ) Delete
Name: MAINZER, ADAM
Address: 4021 N ARMENIA AVE #103
City-St-Zip: TAMPA, FL 33607 US

Title: SEC ( ) Delete
Name: LARSEN, JEAN
Address: PO BOX 8716
City-St-Zip: PORT SAINT LUCIE, FL 34985

Title: TRES ( ) Delete
Name: SUTTON, DENISE
Address: 109 FALKENBURG ROAD
City-St-Zip: TAMPA, FL 33619 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition
Name: MANGINES, BRIAN
Address: 2000 GLADES ROAD, STE 324
City-St-Zip: BOCA RATON, FL 33431 US

Title: MR (X) Change ( ) Addition
Name: MAINZER, ADAM
Address: 4021 N ARMENIA AVE #103
City-St-Zip: TAMPA, FL 33607 US

Title: MRS (X) Change ( ) Addition
Name: SHANNON, BOLAN
Address: 4720 SALISBURY ROAD, #209
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MRS (X) Change ( ) Addition
Name: SUTTON, DENISE
Address: 109 FALKENBURG ROAD
City-St-Zip: TAMPA, FL 33619 US

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 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: KATE BANASIAK MRS 03/20/2009

Electronic Signature of Signing Officer or Director — Date