

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005769

FILED
Mar 11, 2008
Secretary of State

Entity Name: STAFFPAC, INC.

Current Principal Place of Business:

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

Current Mailing Address:

525 SW 5TH AVENUE STE A
A
DES MOINES, IA 50309P/ US

New Principal Place of Business:

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

New Mailing Address:

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

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANGINES, BRIAN A
2263 NW BOCA RATON BLVD.
STE 202
BOCA RATON, FL 33431 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: D () Delete
Name: MANGINES, BRIAN
Address: 2263 NW BOCA RATON BLVD., STE 202
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: MCKENZIE, JAMES
Address: 337 SE PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 33431 US

Title: S () Delete
Name: HOWARD, KANE
Address: 1390 S. DIXIE HIGHWAY, STE 1210
City-St-Zip: MIAMI, FL 33146 US

Title: D () Delete
Name: JEFFREY, BURNETT
Address: 3910 RCA BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: P/T () Delete
Name: KAMLER, GARY L
Address: 6421 CONGRESS AVE, STE 114
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KRIS BARKLEY

MRS

03/11/2008

Electronic Signature of Signing Officer or Director

Date