
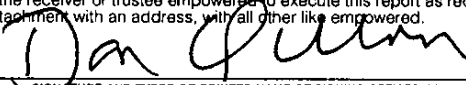


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90178 002 \*\*\*\*61.25

<b>DOCUMENT # N94000000130</b>					
<b>1. Entity Name</b> HALIFAX STAFFING, INC.					
<b>Principal Place of Business</b> 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114    US			<b>Mailing Address</b> 303 N CLYDE MORRIS BLVD ATTN: GENERAL COUNSEL DAYTONA BEACH, FL 32114    US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3222299	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DAVIDSON, DAVID J 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> CLOAR, VIVI <b>STREET ADDRESS</b> 360 JOHN ANDERSON DRIVE <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Quinn, Don <b>STREET ADDRESS</b> 555 West Granada Blvd., Ste. B5 <b>CITY-ST-ZIP</b> Ormond Beach, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HOLNESS, BETTY <b>STREET ADDRESS</b> 21 SPRING MEADOW DRIVE <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> RITCHEY, GLENN C <b>STREET ADDRESS</b> 551 N. NOVA ROAD <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> CD <b>NAME</b> HOSSEINI, MORI <b>STREET ADDRESS</b> 2359 BEVILLE RD <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> HALL, NORA <b>STREET ADDRESS</b> 46 RIVER RIDGE TRAIL <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T/D <b>NAME</b> KENNEDY, BRUCE M.D. <b>STREET ADDRESS</b> 411 LAKE BRIDGE PLAZA DRIVE <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  <b>Don Quinn</b> 4/11/07    (386) 226-8511 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					