

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071493

FILED  
Jan 18, 2010  
Secretary of State

**Entity Name:** ADVANCED EMPLOYEE STAFFING AND BENEFITS, INC.

**Current Principal Place of Business:**

1760 SHADOWOOD LANE  
SUITE 408  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

1760 SHADOWOOD LANE  
SUITE 409  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1760 SHADOWOOD LANE  
SUITE 408  
JACKSONVILLE, FL 32207

**New Mailing Address:**

1760 SHADOWOOD LANE  
SUITE 409  
JACKSONVILLE, FL 32207

**FEI Number:** 59-3663581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATSACOS, DIMITRI M  
1760 SHADOWOOD LANE  
SUITE 408  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

KATSACOS, DIMITRI M  
1760 SHADOWOOD LANE  
SUITE 409  
JACKSONVILLE, FL 32207 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: DIMITRI M KATSACOS

01/18/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: KATSACOS, DIMITRI M  
Address: 1760 SHADOWOOD LANE SUITE 409  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIMITRI M KATSACOS

PRES

01/18/2010

Electronic Signature of Signing Officer or Director

Date