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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11021792

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087994

1. Entity Name
HIGH VELOCITY STAFFING INC.

Principal Place of Business	Mailing Address
5265 ALL OAKS CT. JACKSONVILLE, FL 32258	5265 ALL OAKS CT. JACKSONVILLE, FL 32258
	3430 LinksWay
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Vista Ca
Country	92081 Country
USA	

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 30-1587996 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'HARA, ROBERT
5265 ALL OAKS CT.
JACKSONVILLE, FL 32258

7. Name and Address of New Registered Agent

Name: Susanne O'Mara
628 Ferretti Ave
Fort Walton Be FL 32547

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: Susanne O'Mara

FILE NOW!!! FEE IS $150.00 after May 1, 2003 Fee will be $550.00. Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'MARA, SUSANNE ~~5265 ALL OAKS COURT~~ JACKSONVILLE, FL 32258 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	628 Ferrettia Ave Ft. Walton Beach Fl 32547 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'MARA, ROBERT 628 Ferrettia Ave ~~5265 ALL OAKS CT.~~ JACKSONVILLE, FL 32258 Ft Walton Beach 32547 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Laverty, mary 2508 Navarra Dr # 424 Carlsbad, CA 92009 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Mary Laverty 4/24/03 800 5913753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #