2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012805

Entity Name: ALLSTATES EMPLOYER SERVICES III, INC.

FILED Jan 16, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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672 BRENT LANE 6400 NORTH W STREET PENSACOLA, FL 32503 PENSACOLA, FL 32505

Current Mailing Address: New Mailing Address:

672 BRENT LANE 6400 NORTH W STREET PENSACOLA, FL 32503 PENSACOLA, FL 32505

FEI Number: 59-3699317 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GREGORY, DIANE L GREGORY, DIANE L 672 BRENT LANE 6400 NORTH W STREET PENSACOLA, FL 32503 US PENSACOLA, FL 32505 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: DIANE L GREGORY 01/16/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

672 BRENT LANE

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: (X) Change () Addition GREGORY, DIANE L GREGORY, DIANE L Name: Name: Address:

672 BRENT LANE 6400 NORTH W STREET Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32505

Title: VD Title: (X) Change () Addition () Delete GREGORY, RICHARD Name: GREGORY, RICHARD Name:

672 BRENT LANE 6400 NORTH W STREET Address: Address: PENSACOLA, FL 32503 PENSACOLA, FL 32505 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: VD () Delete VD.

KIMBALL, ROBERT KIMBALL, ROBERT Name: Name: 672 BRENT LANE 6400 NORTH W STREET Address: Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32505

Title: VD (X) Delete Title: () Change () Addition KIMBALL, PAM

Name: Address: PENSACOLA, FL 32503 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE L GREGORY **PSD** 01/16/2007