

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015840

FILED
Apr 09, 2007
Secretary of State

Entity Name: LABOR SOLUTIONS STAFFING SERVICES, INC.

Current Principal Place of Business:

205 N. SCENIC HWY STE 100
FROSTPROOF, FL 33843

New Principal Place of Business:

4709 CRUMP RD. UNIT 3
LAKE HAMILTON, FL 33851

Current Mailing Address:

PO BOX 995
FROSTPROOF, FL 33843

New Mailing Address:

PO BOX 488
FROSTPROOF, FL 33843

FEI Number: 59-3705908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROUTMAN, BAXTER
205 N. SCENIC HWY STE 100
FROSTPROOF, FL 33843 US

Name and Address of New Registered Agent:

TROUTMAN, BAXTER
212 1ST STREET S
WINTER HAVEN, FL 33880 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: BAXTER G. TROUTMAN

04/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: TROUTMAN, BAXTER G
Address: PO BOX 995
City-St-Zip: FROSTPROOF, FL 33843

Title: ST () Delete
Name: TROUTMAN, STUART C
Address: PO BOX 995
City-St-Zip: FROSTPROOF, FL 33843

Title: P () Delete
Name: CROSS, ALBERT
Address: PO BOX 995
City-St-Zip: FROSTPROOF, FL 33843

Title: VP () Delete
Name: ALBEITTON, ROBERT C JR
Address: PO BOX 995
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: TROUTMAN, BAXTER G
Address: PO BOX 488
City-St-Zip: FROSTPROOF, FL 33843

Title: ST (X) Change () Addition
Name: TROUTMAN, STUART C
Address: PO BOX 488
City-St-Zip: FROSTPROOF, FL 33843

Title: P (X) Change () Addition
Name: CROSS, ALBERT
Address: PO BOX 488
City-St-Zip: FROSTPROOF, FL 33843

Title: VP (X) Change () Addition
Name: ALBRITTON, ROBERT C JR
Address: PO BOX 488
City-St-Zip: FROSTPROOF, FL 33843

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: STUART C. TROUTMAN

ST

04/09/2007

Electronic Signature of Signing Officer or Director

Date