

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000037469

1. Entity Name  
ALPINE STAFFING AGENCY INC.



Principal Place of Business  
1900 NW COPP BLVD  
400E  
BOCA RATON, FL 33431

Mailing Address  
C/O ROBERT A KLEIN  
PO BOX 153  
EAST MEADOW, NY 11554

**FILED  
Mar 01, 2007 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**

02232007 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-1094519 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                  |   |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---|

6. Name and Address of Current Registered Agent

ROWLAND, BRUCE  
570 ANCHOR POINT  
DELRAY BEACH, FL 33444

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>ROWLAND, BRUCE<br>570 ANCHOR POINT<br>DELRAY BEACH, FL 33444 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U000000652871  
03/12/07-80036-007 150.00

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE ROWLAND

2/26/07

Date

Daytime Phone #