2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 08, 2006
Secretary of State

DOCUMENT# P01000083159

Entity Name: MEDICAL STAFFING OF S.W. FLORIDA, INC.

Current Principal Place of Business:

501 GOODLETTE ROAD
SUITE B100
NAPLES, FL 34102 US

New Principal Place of Business:

1112 GOODLETTE ROAD
SUITE 201
NAPLES, FL 34102 US

Current Mailing Address:

501 GOODLETTE ROAD
SUITE B100
NAPLES, FL 34102 US

New Mailing Address:

1112 GOODLETTE ROAD
SUITE 201
NAPLES, FL 34102 US

FEI Number: 65-1132135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOVATT, JEFF M
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: PAYTON, MICHELLE
Address: 501 GOODLETTE ROAD, SUITE B100
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: PAYTON, MICHELLE
Address: 1112 GOODLETTE ROAD, SUITE 201
City-St-Zip: NAPLES, FL 34102 US

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: MICHELLE PAYTON P 12/08/2006

Electronic Signature of Signing Officer or Director Date