## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT # P01000089413 FILED ALPHASTAFF SYSTEMS V, INC. 🚙 05 OCT 20 AH 9: 49 Principal Place of Business Mailing Address LUMING OF SIME TALLAHASSEE, FLORIDA 1801 CLINT MOORE ROAD - SUITE 115 1801 CLINT MOORE ROAD - SUITE 115 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 10052005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1141336 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEMS Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD FORT LAUDERDALE, FL 33324 City Zip Code FI 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) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VP/Chairman of the Board/10 Ethange TITLE ☐ Delete TITLE NAME BECK, II, ROBERT A NAME Beck, 11, Robert A. STREET ADDRESS 1801 CLINT MOORE ROAD, SUITE 115 1901 Clint Moure Road, Suite 115 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP Oven Raton FL 33487 TITLE CEO Delete TITLE CEO/President/S/T/D Change Addition NAME STARKMAN, JAY NAME Starkman. Jay 1801 Clint Moore Road, Suite 115 STREET ADDRESS 1801 CLINT MOORE ROAD, SUITE 115 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP Boca Raten, FL 33487 CFO TITLE Delete TITLE ☐ Change ☐ Addition NAME NORITAKE, RICHARD NAME STREET ADDRESS 1801 CLINT MOORE ROAD, SUITE 115 STREET ADDRESS CITY-ST-ZiP BOCA RATON, FL 33487 CITY-ST-ZIP TITLE Change ☐ Addition 500060930055 10/20/05--01054--002 \*\*61 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 it 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 charged, or on an attachment with an address, with profitner like improvement. SIGNATURE: SIGNATURE AND TYPED OR PL