## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000094401

City-St-Zip:

DEERFIELD BEACH, FL 33441 US

FILED Apr 29, 2005 Secretary of State

Entity Name: VISIONS TEMP SERVICES, INC.				
Current Principal Place of Business:		New Principal Place of Business:		
14600 S. MILITARY TRAIL, STE. F-1 DELRAY BEACH, FL 33484		14600 S. MILITARY TRAIL SUITE F-1 DELRAY BEACH, FL 33484		
Current Mailing Address:		New Mailing Address:		
14600 S. MILITARY TRAIL, STE. F-1 DELRAY BEACH, FL 33484		14600 S. MILITARY TRAIL, SUITE F-1 DELRAY BEACH, FL 33484		
FEI Number:	11-3659195 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desir	ed ( )	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	Name and Address of New Registered Agent:	
MILLER, BENJAMIN F 14600 S. MILITARY TRAIL, STE. F-1 DELRAY BEACH, FL 33484 US		MILLER, BENJAMIN F 14600 S. MILITARY TRAIL SUITE F-1 DELRAY BEACH, FL 33484 US	14600 S. MILITARY TRAIL SUITE F-1	
The above in the State		urpose of changing its registered office or registered agent	, or both,	
SIGNATUR	E: BENJAMIN F. MILLER	04/29/2005	04/29/2005	
	Electronic Signature of Registered Age	nt Date		
Election Carr	paign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND D	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete MILLER, BENJAMIN F PRES 14600 S. MILLITARY TRAIL, SUITE F-1 DELRAY BEACH, FL 33484 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	VD () Delete MILLER, ASTON D VICE PR 12964 75TH LANE NORTH WEST PALM BEACH, FL 33412 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address:	TSD () Delete MILLER-JONES, PRISCILLA SC/TR 155 SOUTHWEST 4TH STREET	Title: ( ) Change ( ) Addition Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: PRISCILLA MILLER-JONES **TSD** 04/29/2005