2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094401

City-St-Zip:

DEERFIELD BEACH, FL 33441 US

FILED Apr 30, 2009 Secretary of State

Entity Name: VISIONS TEMP SERVICES, INC.			
Current Principal Place of Business:		New Principal Place of Business:	
SUITE F-1	ILITARY TRAIL EACH, FL 33484 US		
	,		
Current Mailing Address:		New Mailing Address:	
SUITE F-1	ILITARY TRAIL, EACH, FL 33484 US	14600 S. MILITARY TRAIL SUITE F-1 DELRAY BEACH, FL 3348	
FEI Number:	11-3659195 FEI Number Applied For () FEI Nu	ımber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
MILLER, BENJAMIN F 14600 S. MILITARY TRAIL SUITE F-1 DELRAY BEACH, FL 33484 US		MILLER, BENJAMIN F PD 14600 S. MILITARY TRAIL SUITE F-1 DELRAY BEACH, FL 33484 US	
The above in the State	named entity submits this statement for the purpose of Florida.	of changing its registered off	ice or registered agent, or both,
SIGNATURE: BENJAMIN F. MILLER		04/30/2009	
Electronic Signature of Registered Agent		Date	
Election Cam	paign Financing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		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: () C Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	VD () Delete MILLER, ASTON D VICE PR 12964 75TH LANE NORTH WEST PALM BEACH, FL 33412 US	Title: () C Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address:	TSD () Delete MILLER-JONES, PRISCILLA SC/TR 155 SOUTHWEST 4TH STREET	Title: () C Name: Address:	Change () Addition

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

City-St-Zip:

SIGNATURE: PRISCILLA MILLER-JONES **TSD** 04/30/2009