

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104382

FILED
Jan 16, 2006
Secretary of State

Entity Name: ACTION STAFFING SOLUTIONS, INC.

Current Principal Place of Business:

705 NORTH LAKE PARKER AVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 2727
LAKELAND, FL 338062727

New Mailing Address:

PO BOX 2727
LAKELAND, FL 338062727 US

FEI Number: 01-0553195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WRIGHT, H. JEAN
705 NORTH LAKE PARKER AVE
LAKELAND, FL 33801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WRIGHT, H. JEAN
Address: 705 NORTH LAKE PARKER AVE
City-St-Zip: LAKELAND, FL 33801

Title: VP () Delete
Name: CORNELIUS, KARREN A
Address: 705 NORTH LAKE PARKER AVE
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: H. JEAN WRIGHT

PRES

01/16/2006

Electronic Signature of Signing Officer or Director

_____ Date