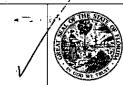
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000012074

1. Entity Name

THE STAFFING SOURCE ADMINISTRATION, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90959 006 ***150.00

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179	- 					
2. Principal Place of Bus	iness	Mailing Address	3. Mailing Address			
1101 9th Aver	nue North	SAME	SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			
Suite East						
City & State		City & State	City & State			
St. Petersburg, FL		·				
Zip	Country	Zip	Country			

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3618279

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required 7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

USA

James M. Chadwick

Street Address (P.O. Box Number is Not Acceptable) ---

11300 4th Street N., Suite 200

St. Petersburg

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.

33705

Signature, typed or printed name of registered agent and title if applicable January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00 Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS PD TITLE TITLE NAME NAME Ann Fleeting STREET ADDRESS STREET ADDRESS 1101 9th Avenue North, Ste East CITY-ST-ZIP CITY-ST-7IP St. Petersburg, FL 33705 TITLE TITLE Laurel Chadwick NAME NAME 1101 9th Avenue North, Ste East STREET ADDRESS STREET ADDRESS St. Petersburg, FL 33705 CITY ST. 7IP CITY-ST-ZIP TITLE TITLE James M. Chadwick NAME NAME 11300 4th St. N., Suite 200 STREET ADDRESS STREET ADDRESS DO NOT WRITE St. Petersburg, FL-33716 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann Fleeting, Pres.