2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017676

Entity Name: P2P STAFFING CORP

SOWELL, JERALD

CORAL SPRINGS, FL 33067

5491 N. UNIVERSITY DRIVE, SUITE 203

Name:

Address: City-St-Zip: FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5491 N. UNIVERSITY DRIVE SUITE 203 CORAL SPRINGS, FL 33067 **New Mailing Address: Current Mailing Address:** 5491 N. UNIVERSITY DRIVE SUITE 203 CORAL SPRINGS, FL 33067 FEI Number: 61-1405190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KATZ, HARRIS M SR KATZ, HARRIS M SR 11234 NW 65TH COURT 5491 ÚNIVERSITY DRIVE PARKLAND, FL 33076 SUITE 203 CORAL SPRINGS, FL 33067 US 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: 04/28/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SCUTERO, VITO Name: Name: 5491 N. UNIVERSITY DRIVE, SUITE 203 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: Title: Title: () Delete () Change () Addition Name: KATZ, HARRIS Name: 5491 N. UNIVERSITY DRIVE, SUITE 203 Address: Address: CORAL SPRINGS, FL 33067 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: VITO SCUTERO P 04/28/2006