


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000044039</b> 1. Entity Name <b>PERSONNEL USA INCORPORATED</b>	
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Principal Place of Business <b>2203 NORTH LOIS AVENUE, STE 951 TAMPA, FL 33607</b>	Mailing Address <b>2203 NORTH LOIS AVENUE, STE 951 TAMPA, FL 33607</b>
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**DO NOT WRITE IN THIS SPACE**



09112006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>04-3652387</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SPRINGMAN, MARTIN  
5324 MERKIN PLACE  
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE *Martin Springman* DATE 9/11/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 15, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNEADER, DIANE 5324 MERKIN PLACE NEW PORT RICHEY, FL 34655
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09/14/06-80001-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin Springman* Date 9-1-06 818 877-5600

Signature and typed or printed name of signing officer or director