


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ORIGINAL
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000104406	
1. Entity Name TRADESTAFF, INC.	

Principal Place of Business 1195 N. MILITARY TRAIL #6 WEST PALM BEACH, FL 33409	Mailing Address 1195 N. MILITARY TRAIL #6 WEST PALM BEACH, FL 33409
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04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1649111	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DAIGLE, MITCHELL J SR. 12261 80TH LANE NORTH WEST PALM BEACH, FL 33412

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

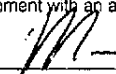
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000355045
05/03/05-80132-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAIGLE, MITCHELL J SR. 12261 80TH LANE NORTH WEST PALM BEACH, FL 33412
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05 (561) 640-5656
Date Daytime Phone #