
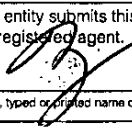
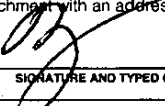


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90102 015 ***150.00

DOCUMENT # P03000018133 1. Entity Name KEY STAFFING SOLUTIONS INC.			
Principal Place of Business 2811 NOAKLAND FOREST DR. STE 208 OAKLAND PARK, FL 33309		Mailing Address 2811 NOAKLAND FOREST DR. STE 208 OAKLAND PARK, FL 33309	
2. Principal Place of Business 10770 NW 21CT Suite, Apt. #, etc.		3. Mailing Address 10770 NW 21CT Suite, Apt. #, etc.	
City & State SUNRISE, FL Zip 33322 Country US		City & State SUNRISE, FL Zip 33322 Country US	
4. FEI Number 65-1174438		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENTSCHLER, LARRY 2811 N. OAKLAND FOREST DR., #111 FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name TERRIE MCCREERY Street Address (P.O. Box Number is Not Acceptable) 10770 NW 21CT City SUNRISE FL Zip Code 33322	
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)			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RENTSCHLER, LARRY 2811 N. OAKLAND FOREST DR., #111 FT. LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Director TERRIE MCCREERY 10770 NW 21CT SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 4-12-05 DAYTIME PHONE: 954-288-8262	