


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90212 001 \*\*\*300.00

<b>DOCUMENT # P03000055961</b>	
1. Entity Name ZEPHYRHILLS EMPLOYMENT AGENCY, INC.	

Principal Place of Business 4241 SKYDIVE LANE ZEPHYRHILLS, FL 33542	Mailing Address 4241 SKYDIVE LANE ZEPHYRHILLS, FL 33542
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PO BOX 1599  
ZEPHYRHILLS, FL 33539-1599



03022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  POHJOLAINEN, HENRI 6733 STEPHENS PATH ZEPHYRHILLS, FL 33542
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**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.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POHJOLAINEN, HENRI 6733 STEPHENS PATH ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MURPHY, JOANNIE 4718 COATS ROAD ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURPHY, JOANNIE 4718 COATS ROAD ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, SUSAN 3681 HALBORO LOS ANGELES, CA 90027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, BILL GARDINER AIRPORT SANDHILL ROAD GARDINER, MY 12525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** James Murphy 4-3-06 813 483 9399  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #