2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

				LFUKI			_				
DOCUMENT # P05000050935 1. Entity Name ACCUTEMP SERVICES CORP							04-19-2006	90104 (011 ***150	0.00	
Principal Place of Business 610 ORANGE AVE LONGWOOD, FL 32750 US			6	Mailing Address 610 ORANGE AVE LONGWOOD, FL 32750 US			1 18811881 III 4	8(8) 81111 88111 8 8111 98	1714 - W IEL - S PEIL -		11881 11 1881
2. Principal Place of Business			3.	3. Mailing Address							
Suite. Apt. #, etc.			Suite, Apt. #, etc.			04122006	Chg-P	CR2E	034 (11/05)		
City & State		(City & State			4. FEI Number	- 26082	296		oplied For ot Applicable	
Zip		Country	2	Zip	Coun	itry		Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Cur	rent Regist	tered Agent			7. Name and	Address of New i	Registered	Agent	
DIRUSSS	O CHRIS	TOPHER M				Name					
DIRUSSSO, CHRISTOPHER M 610 ORANGE AVE LONGWOOD, FL 32750						Street Address	s (P.O. Box Number	is Not Acceptab	le)		
	02, 12 0										
E						City			Fl	Zip Code	Ф
	e named entit tions of regist		ent for the p	ourpose of changing its	register	ed office or regist	tered agent, or both	, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE.											
	Signature, typed	or printed name of registered	agent and title i	f applicable. (NOTE	: Registere	d Agent signature requi	ired when reinstating)		DATE		
FIL After M	E NOW!!!	FEE IS \$150.00 6 Fee will be \$5	,	9. Election Campai Trust Fund Contr 9. Election Campai Trust Fund Contr 9. Election Campai	gn Finar	ncing _ \$	5.00 May Be		DATE		
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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: Chustophe M. DiRusso Christopher M. Directopher M.