



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90022 029 \*\*\*150.00

<b>DOCUMENT # P05000074991</b> 1. Entity Name <b>ON DEMAND MEDICAL STAFFING, INC.</b>					
Principal Place of Business <b>563 BARTON BLVD</b> <b>ROCKLEDGE, FL 32955</b>				Mailing Address <b>563 BARTON BLVD</b> <b>ROCKLEDGE, FL 32955</b>	
2. Principal Place of Business <b>563 Barton Blvd</b> Suite, Apt. #, etc. <b>Suite 19</b> City & State <b>Rockledge, FL</b> Zip <b>32955</b>		3. Mailing Address <b>563 Barton Blvd</b> Suite, Apt. #, etc. <b>Suite 19</b> City & State <b>Rockledge, FL 3</b> Zip <b>32955</b>			
Country <b>USA</b>		Country <b>USA</b>		07032006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>20-2919242</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  <b>BLAUE, SCOTT A</b> <b>96 WILLARD ST STE 106</b> <b>COCOA, FL 32922</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>MCGUINESS, JACKALYN L</b> <b>563 BARTON BLVD</b> <b>ROCKLEDGE, FL 32955</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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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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.					
<b>SIGNATURE:</b> <i>Jackalyn McGuiness</i> <b>President</b> <b>7/3/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					