

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096435

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: NORTH STAR STAFFING INC.

## Current Principal Place of Business:

5035 EAST BUSCH BLVD, SUITE 3  
TAMPA, FL 33617 US

## New Principal Place of Business:

## Current Mailing Address:

5035 EAST BUSCH BLVD, SUITE 3  
TAMPA, FL 33617 US

## New Mailing Address:

FEI Number: 02-0746545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLALOCK, BRENDA  
5035 EAST BUSCH BLVD  
SUITE 3  
TAMPA, FL 33617 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: BLALOCK, BRENDA  
Address: 5035 E. BUSCH BLVD SUITE 3  
City-St-Zip: TAMPA, FL 33617 US

Title: P ( ) Delete  
Name: BLALOCK, BRENDA  
Address: 5035 E. BUSCH BLVD SUITE 3  
City-St-Zip: TAMPA, FL 33617 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA L BLALOCK

PRES

01/23/2009

Electronic Signature of Signing Officer or Director

Date