2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142134

Entity Name: A-1 STAFFING SERVICES, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5915 MEMORIAL HIGHWAY SUITE O 5700 MEMORIAL HWY TAMPA, FL 33615

SUITE 103

TAMPA, FL 33615

Current Mailing Address: New Mailing Address:

5700 MEMORIAL HWY 5915 MEMORIAL HIGHWAY SUITE O

SUITE 103 TAMPA, FL 33615 US

TAMPA, FL 33615 US

FEI Number: 03-0572055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRESPO, DANIEL SR CRESPO, DANIEL SR 5700 MEMORIAL HWY 5915 MEMORIAL HWY SUITE 103 TAMPA, FL 33615 US TAMPA, FL 33615 US

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: 05/01/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition CRESPO, DANIEL SR CRESPO, DANIEL SR Name: Name: 5708 HARBORSIDE DR Address: 16856 LE CLARE SHORES DR Address: City-St-Zip: TAMPA, FL 33615 US City-St-Zip: TAMPA, FL 33624 US

Title: VΡ Title: VΡ (X) Change () Addition () Delete

CRESPO, CARMEN Name: Name: CRESPO, CARMEN

5708 HARBORSIDE DR Address: 16856 LE CLARE SHORES DR Address:

TAMPA, FL 33615 TAMPA, FL 33624 City-St-Zip: 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.

Ρ SIGNATURE: DANIEL CRESPO 05/01/2007