2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# P06000043513

Entity Name: TOKEN INTL. EMPLOYMENT, INC.

Current Principal Place of Business:

5881 NW 16TH PLACE
128
SUNRISE, FL 33313 US

New Principal Place of Business:

STATE RD 84
SUITE 8380
DAVIE, FL 33324 US

Current Mailing Address:

5881 NW 16TH PLACE
128
SUNRISE, FL 33313 US

New Mailing Address:

STATE RD 84
SUITE 8380
DAVIE, FL 33324 US

FEI Number: 20-4610128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, EVEROY D/P
5881 NW 16TH PLACE
128
SUNRISE, FL 33313 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: P ( ) Delete
Name: SMITH, EVEROY
Address: 5881 NW 16TH PLACE, APT. 128
City-St-Zip: SUNRISE, FL 33313 US

Title: VP ( ) Delete
Name: AARONS, DOROTHY I
Address: 5881 NW 16TH PLACE, APT. 128
City-St-Zip: SUNRISE, FL 33313 US

Title: D/S ( ) Delete
Name: BAKER, YVONNE L
Address: 1912 SW 29TH TERRACE
City-St-Zip: OCALA, FL 34474 US

Title: D ( ) Delete
Name: AARONS, RICHARD A
Address: 342 CALDBECK WAY
City-St-Zip: KISSIMMEE, FL 34758

Title: D ( ) Delete
Name: AARONS, CAMILE R
Address: 342 CALDBECK WAY
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: EVEROY SMIYH P 01/10/2007

Electronic Signature of Signing Officer or Director Date