## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000111227

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

Entity Name: AUE STAFFING SOLUTIONS INC	
Current Principal Place of Business:	New Principal Place of Business:
777 E ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701	
Current Mailing Address:	New Mailing Address:
777 E ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701	
FEI Number: 20-5275764 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:
HALL, CHARLES L. 435 RIVER ISLE CT. LONGWOOD, FL 32779 US	
The above named entity submits this statement for the in the State of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Ag	gent Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: D ( ) Delete	Title: D (X) Change ( ) Addition

HALL, CHARLES L. HALL, SEAN Name: Name: 435 RIVER ISLE CT. Address: Address: 777 E. ALTAMONTE DRIVE City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: ALTAMONTE SPRINGS, FL 32701 Title: ( ) Delete Title: ( ) Change (X) Addition WISEMAN, TERRY Name: Name: 777 E. ALTAMONTE DRIVE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: SEAN HALL D 04/28/2009