

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136807

FILED
Apr 15, 2008
Secretary of State

Entity Name: PEOPLE HEALTH CARE STAFFING INC

Current Principal Place of Business:

123 N. KROME AVE
SUITE 202
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

123 N. KROME AVE
SUITE 202
HOMESTEAD, FL 33030

New Mailing Address:

22525 SW 88 PATH
CUTLER BAY, FL 33190

FEI Number: 20-5788984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUCHS, ANNELIESE
22525 SW 88 PATH
0
CUTLER BAY, FL 33190 US

Name and Address of New Registered Agent:

FUCHS, ANNELIESE
22525 SW 88 PATH
CUTLER BAY, FL 33190 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: ANNELIESE FUCHS

04/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FUCHS, ANNELIESE
Address: 22525 SW 88 PATH
City-St-Zip: CUTLER BAY, FL 33190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FUCHS, ANNELIESE
Address: 22525 SW 88 PATH
City-St-Zip: CUTLER BAY, FL 33190

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: ANNELIESE FUCHS

P

04/15/2008

Electronic Signature of Signing Officer or Director

Date