


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000147664		
1. Entity Name AGAPE MEDICAL STAFFING, INC.		

FILED

07 AUG 20 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1255 SUMMIT OAKS DRIVE W JACKSONVILLE, FL 32221	Mailing Address 1255 SUMMIT OAKS DRIVE W JACKSONVILLE, FL 32221
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

0815-07 01015 010 9131.25
07182007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent ARGUILLA, MARION T 1255 SUMMIT OAKS DRIVE W JACKSONVILLE, FL 32221	
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7. Name and Address of New Registered Agent	
Name	Marcus W. Hodges
Street Address (P.O. Box Number is Not Acceptable)	10430 Old Plank Road Jacksonville, FL 32220
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Marcus W. Hodges</i>	DATE: 8/10/07
(NOTE: Registered Agent signature required when reinstating)	

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ARGUILLA, MARION T <input checked="" type="checkbox"/> Delete 1255 SUMMIT OAKS DRIVE W JACKSONVILLE, FL 32221	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Marcus W. Hodges <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10430 Old Plank Road Jacksonville, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Marcus W. Hodges</i>	DATE: 8/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	