## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000069667

FILED Jan 14, 2009 Secretary of State

Entity Name: ACE HEALTHCARE STAFFING SOLUTIONS, INC. **New Principal Place of Business: Current Principal Place of Business:** 16214 CR 448 MT DORA, FL 32757 **Current Mailing Address: New Mailing Address:** 16214 CR 448 MT DORA, FL 32757 FEI Number: 26-3020315 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: HENNINGS, RICHARD W MEYER, TANYA A 205 NORTH JOANNA AVENUE 16214 CR 448 TAVARES, FL 32778 MT. DORA, FL 32757 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: TANYA MEYER 01/14/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MEYER, TANYA A Name: Name: 16214 CR 448 Address: Address: City-St-Zip: MT DORA, FL 32757 City-St-Zip: ( ) Delete Title: VD Title: () Change () Addition SMITH, DEBORAH Name: Name: 16214 CR 448 Address: Address: MT DORA, FL 32757 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.

SIGNATURE: TANYA MEYER PRES 01/14/2009