2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# P11000050511

Entity Name: MORSELIFE CLINICAL STAFFING CORP.

Current Principal Place of Business:

4847 FRED GLADSTONE DRIVE
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

4847 FRED GLADSTONE DRIVE
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 90-0729778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MYERS, KEITH
4847 FRED GLADSTONE DRIVE
WEST PALM BEACH, FL 33417 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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: MYERS, KEITH
Address: 4847 FRED GLADSTONE DR.
City-St-Zip: WEST PALM BEACH, FL 33417

Title: DVP
Name: SADOWSKY, ALAN
Address: 4847 FRED GLADSTONE DR.
City-St-Zip: WEST PALM BEACH, FL 33417

Title: DVP
Name: CHAE, HONG
Address: 4847 FRED GLADSTONE DR.
City-St-Zip: WEST PALM BCH, FL 33417

I hereby 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 all other like empowered.

SIGNATURE: KEITH MYERS PCEO 04/27/2012

Electronic Signature of Signing Officer or Director Date