2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P18890

Entity Name: FAVORITE HEALTHCARE STAFFING, INC.

Current Principal Place of Business:

7255 W. 98TH TERRACE
BLDG 5 SUITE 150
OVERLAND PARK, KS 66212

New Principal Place of Business:

Current Mailing Address:

7255 W. 98TH TERRACE
BLDG 5 SUITE 150
OVERLAND PARK, KS 66212

New Mailing Address:

FEI Number: 48-0985059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: KUTI, GERHARD J
Address: 3740 N.E. 199 TERR.
City-St-Zip: AVENTURA, FL 331803400

Title: S ( ) Delete
Name: KUTI, GERHARD J
Address: 3740 N.E. 199 TERR.
City-St-Zip: AVENTURA, FL 331803400

Title: VP ( ) Delete
Name: PERRY, KATHLEEN
Address: 7255 W 98TH TERRACE
City-St-Zip: SHAWNEE MISSION, KS 66212

Title: VP ( ) Delete
Name: BRINK, CHRISTOPHER
Address: 7255 W. 98TH TERR.
City-St-Zip: OVERLAND PARK, KS 66212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: KUTI, GERHARD J
Address: 3740 N.E. 199 TERR.
City-St-Zip: AVENTURA, FL 331803400

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change ( ) Addition
Name: PERRY, KATHLEEN
Address: 7255 W 98TH TERRACE
City-St-Zip: SHAWNEE MISSION, KS 66212

Title: ( ) Change ( ) Addition
Name:
Address:
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: CHRISTOPHER BRINK VP 01/08/2008
Electronic Signature of Signing Officer or Director Date