2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jul 01, 2005 8:00 am Secretary of State DOCUMENT # P22286 1. Entity Name 05-03-2005 90127 022 ****25.00 STARSTAFF, INC. 07-01-2005 90004 038 ***150.00 Principal Place of Business Mailing Address 12700 NORTHBOROUGH DR P.O. BOX 2463 HOUSTON TX 77210-2463 SUITE 608 HOUSTON TX 77067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 76-0264842 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. **PLANTATION FL 33324** City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. | Added to Fees Make Check Psyable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE XXX Delete THLE P. L. MILLER 12700 NORTHBOROUGH DRIVE STEINMETZ, J.P. NAME NAME 12700 NORTHBOROUGH DR STREET ADDRESS STREET ADDRESS HOUSTON, TX 77067 HOUSTON TX 77067 CITY-ST-7/P CITY-ST-7P TITLE ☐ Delete TITLE Change | ☐ Addition NAME STANIFER, PJ NAMĘ STREET ADDRESS 650 SOUTH NORTH LAKE BLVD STREET ADDRESS CHY-SI-ZIP **ALTAMONTE SPRINGS FL 32701** CITY-SI-ZIP DIE XX Deleta TITLE XX Change Addition D. Y. ANDRUS NAME CASTLES, J B HAME 1100 LOUISIANA STREET HOUSTON, TX 77002 STREET ADDRESS STREET ADDRESS 1100 LOUISIANA ST CITY-ST-202 **HOUSTON TX 77002** CHY-SI-7P SC HILE Delete TITLE ☐ Change ☐ Addition NAME JOSPEH, J D A. M. ROY. NAME 910 LOUISIANA ST 910 LOUISIANA STREET HOUSTON, TX 77002 STREET ADDRESS STREET ADDRESS HOUSTON TX 77002 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE XX Addition ERICKSON, D A S. J. PAUL NAME NAME 910 LOUISIANA ST 910 LOUISIANA STREET STREET ADDRESS STREET ADDRESS HOUSTON TX 77067 HOUSTON, TX 77002 CITY-ST-ZIP CITY-ST-ZP TITLE TITLE ☐ Delete □ Change Addition MARKS, B L NAME NAME STREET ADDRESS 910 LOUISIANA ST STREET ADDRESS HOUSTON TX 77067 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 pur Stddies, with all other like empowered. S. J. PAUL

FILED