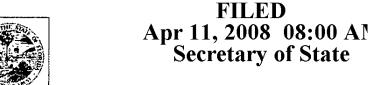
2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P93000058994 1. Entity Name



LABOR CONSULTING ASSOCIATES, INC.				Secretary of State
P.O. BOX 1	ce of Business 5691 DN FL 33318	Mailing Address P.O. BOX 15691 PLANTATION FL 3331	8	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Scale, Apt. #, etc.		1st MOORE CR2E034 (10/07)
City & State		City & State		4. FEI Number 59-3198564 Applied For Not Applicable
Zıp	Country	Zıp	Country	5. Certificate of Status Desired
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
DAVIS, JOHN 9544 N.W. 8TH CIRCLE PLANTATION FL 33324			Street Address	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
the coliga SIGNATURE	lions of registered agent.	turdise fundicació (NOT	E. Registareo Agur Legandure reque	Parent September 1 Parent State of Florida. I am familiar with and accept DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAMÉ	P DAVIS, JOHN 9544 N.W. 8TH CIRCLE PLANTATION FL 33324	□ Defete	THEF NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP		□ Da∙ete	TITLE NAME STREET ADDRESS CITY ST-ZIP	04/23/08-80017-0 55 Prop . 05 Admin
TIPLE NAME STREET ADDRESS CITY-ST-ZIP		☐ De⊦ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Derete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-2IP		☐ Deietc	TITLE NEWC STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Driete	TITLE NAME STREET ADDRESS CUTY ST ZIP	Change Addition

12. I hereby cerulty that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect 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:

Day: mo Phone #