

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90021 014 ***150.00

DOCUMENT # P93000070727	
1. Entity Name TEMP ADVANTAGE INC.	

Principal Place of Business 323 10TH AVENUE WEST SUITE 104 PALMETTO, FL 34221 US	Mailing Address 323 10TH AVENUE WEST SUITE 104 PALMETTO, FL 34221 US
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2. Principal Place of Business 435 10th Ave W Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1146 Suite, Apt. #, etc.
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City & State Palmetto, FL	City & State Palmetto, FL	4. FEI Number 65-0437267	Applied For ☐ Not Applicable
Zip 34221	Country Manatee	Zip 34220	Country Manatee

6. Name and Address of Current Registered Agent NEUMANN, CHRISTI A 323 10TH AVENUE WEST SUITE 104 PALMETTO, FL 34221		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when renating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEUMANN, CHRISTI A 1805 6TH ST. W. PALMETTO, FL 34221 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEUMANN, BRIAN J 1805 6TH ST. W. PALMETTO, FL 34221 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an address, with all other like empowered.

SIGNATURE: Christi A. Neumann **Christi A. Neumann** 1/24/06 (941) 729-0803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #