


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90029 003 \*\*\*158.75

<b>DOCUMENT # P94000023125</b> 1. Entity Name <b>COMPUTER PROFESSIONAL STAFFING, INC.</b>					
Principal Place of Business <b>2917 CHANCERY LN SUITE 101 CLEARWATER, FL 33759 US</b>			Mailing Address <b>2917 CHANCERY LN SUITE 101 CLEARWATER, FL 33759 US</b>		
2. Principal Place of Business <b>14004 Roosevelt Blvd.</b>		3. Mailing Address <b>P.O. Box 17326</b>			
Suite, Apt. #, etc. <b>Suite 614 F</b>		Suite, Apt. #, etc.			
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>		4. FEI Number <b>59-3242905</b>	
Zip <b>33762</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name <b>HAMDEN H. BASKIN, III</b> Street Address (P.O. Box Number is Not Acceptable) <b>13577 Feather Sound Drive, #550</b> City <b>Clearwater, FL</b> Zip Code <b>33762</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Registered Agent <b>02/03/06</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MONTGOMERY, CAROL</b> <input checked="" type="checkbox"/> Delete <b>2917 CHANCERY LANE</b> <b>CLEARWATER, FL 33759</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14004 Roosevelt Blvd., #614 F</b> <b>Clearwater, FL 33762</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Nicole Demme</b> <b>1465 W. Blood Road</b> <b>East Aurora, NY 14052</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Jennifer Demme</u> <b>PRESIDENT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>JENNIFER DEMME</b>			<b>02/03/06</b> <small>Date</small>		<b>727-796-4494</b> <small>Daytime Phone #</small>