## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P94000081389 03-17-2006 90119 006 \*\*\*150.00 1. Entity Name TEAMSTAFF II. INC. Mailing Address Principal Place of Business 4000001-**300 ATRIUM DRIVE** 300 ATRIUM DR. **TEAMSTAFF BUILDING** SOMERSET, NJ 08873 SOMERSET, NJ 08873 02232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3277121 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION, CT DO NOT WRITE 1200 SO. PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITI E NAME SMITH, T. KENT STREET ADDRESS 300 ATRIUM DRIVE SOMERSET, NJ 08873 CITY-ST-ZIP VCFO TITLE NAME FILIPPELLI, RICK STREET ADDRESS 300 ATRIUM DRIVE CITY-ST-ZIP SOMERSET, NJ 08873 D TITLE NAME SMITH, T. KENT 300 ATRIUM DR STREET ADDRESS DO NOT WRITE CITY-ST-ZIP SOMERSET, NJ 08873 TITLE IN THIS SPACE HOUSTON, JAMES NAME STREET ADDRESS 300 ATRIUM DRIVE CITY-ST-ZIP SOMERSET, NJ 08873 TITLE CC PRESUTO, CHERYL NAME STREET ADDRESS 300 ATRIUM DRIVE CITY-ST-7IP SOMERSET, NJ-08873 TITLE NAME HOTE

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:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

<u> 3/34/06</u>

152-144-1100 Davtime Phone #

FILED Mar 17, 2006 8:00 am