

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90115 009 ***150.00

DOCUMENT # P94000081389					
1. Entity Name TEAMSTAFF II, INC.					
Principal Place of Business 1 EXECUTIVE DR., SUITE 130 SOMERSET, NJ 08873			Mailing Address 300 ATRIUM DR. SOMERSET, NJ 08873		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1 EXECUTIVE DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 130			
City & State		City & State SOMERSET NJ			
Zip	Country	Zip 08873	Country		
4. FEI Number 59-3277121				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PCEO	NAME FILIPPELLI, RICK		<input type="checkbox"/> Delete	TITLE 1 EXECUTIVE DR STE 130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 300 ATRIUM DRIVE	SOMERSET, NJ 08873		STREET ADDRESS SOMERSET NJ 08873	CITY-ST-ZIP	
TITLE CFOS	NAME FILIPPELLI, RICK		<input checked="" type="checkbox"/> Delete	TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 300 ATRIUM DRIVE	SOMERSET, NJ 08873		STREET ADDRESS 45 BROADWAY 11TH FL	CITY-ST-ZIP	
TITLE D	NAME FILIPPELLI, RICK		<input type="checkbox"/> Delete	TITLE 1 EXECUTIVE DR STE 130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 300 ATRIUM DR	SOMERSET, NJ 08873		STREET ADDRESS SOMERSET NJ 08873	CITY-ST-ZIP	
TITLE CC	NAME PRESUTO, CHERYL		<input type="checkbox"/> Delete	TITLE CFO, CC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 300 ATRIUM DRIVE	SOMERSET, NJ 08873		STREET ADDRESS 1 EXECUTIVE DR STE 130	CITY-ST-ZIP	
TITLE NAME	CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
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: <i>Cheryl Presuto</i>			4/11/08 727-329-5529		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		