


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90039 024 ***150.00

DOCUMENT # P94000081393					
1. Entity Name TEAMSTAFF IV, INC.					
Principal Place of Business 300 ATRIUM DRIVE SOMERSET, NJ 08873			Mailing Address 300 ATRIUM DR. SOMERSET, NJ 08873		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	06302005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3277126				<input type="checkbox"/> 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			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV KENEALY, EDMUND C 800 W. CUMMINGS PK, SUITE 1500 WOBURN, MA 01801	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, T. KENT 300 ATRIUM DR SOMERSET, NJ 08873	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, T. KENT 300 ATRIUM DRIVE SOMERSET, NJ 08873	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FILIPPELLI, RICK 300 ATRIUM DRIVE SOMERSET, NJ 08873	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC PRESUTO, CHERYL 300 ATRIUM DRIVE SOMERSET, NJ 08873	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV JAMES HOUSTON 300 ATRIUM DRIVE SOMERSET, NJ 08873	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
(Empty rows for additions/changes)					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Rick Filippelli</i> Rick Filippelli 06/30/05 732-744-1700					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					