2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 08:00 All Secretary of State DOCUMENT # P95000056525 AFFORD-A-STAFF, INC. Principal Place of Business Mailing Address 1554 S FT. HARRISON AVE. 1554 S FT. HARRISON AVE. CLEARWATER, FL 33756 CLEARWATER, FL 33756 No Chg-P CR2E034 (11/05) 04302007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3324343 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACKERLEY, OLIVER DO NOT WRITE 2351 IRISH LANE APT. 7 IN THIS SPACE CLEARWATER, FL 33763 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. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME ACKERLEY, OLIVER STREET ADDRESS 1554 S. FT. HARRISON AVE. CITY-ST-ZIP CLEARWATER, FL 33756 000000749350 05/18/07-80020-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN FFICER OR DIRECTOR

CITY-ST-ZIP

12. I hereby certify that the information indicated on this report or supple of the cornoration or the receiv

SIGNATURE:

not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ate any that my signature shall have the same legal effect as if made under oath; that I am an officer or director that I am any contains a sequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED