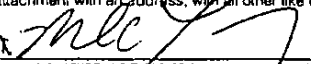


FILED  
Apr 24, 2006 8:00 am  
Secretary of State

04-24-2006 90343 033 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P97000012539</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                                                                                |
| 1. Entity Name<br>STAFFIRST, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                                                                                                                                                                                 |
| Principal Place of Business<br>930 WILLISTON PARK POINT<br>LAKE MARY, FL 32746                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     | Mailing Address<br>P.O. BOX 954179<br>LAKE MARY, FL 32795                                                                                                                       |
| 2. Principal Place of Business<br>1824 Alaguna Lakes Blvd<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     | 3. Mailing Address<br>1824 Alaguna Lakes Blvd<br>Suite, Apt. #, etc.                                                                                                            |
| City & State<br>Longwood FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     | City & State<br>Longwood FL                                                                                                                                                     |
| Zip<br>32779                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country<br>USA                                                                                      | Zip<br>32779                                                                                                                                                                    |
| 4. FEI Number<br>59-3427734                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     | Applied For<br><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<br>MARKEY & FOWLER, P.A.<br>25 MCLEOD STREET<br>MERRITT ISLAND, FL 32953                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                                                                                                                                 |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>LANG, MARK<br>930 WILLISTON PARK POINT<br>LAKE MARY, FL 32746 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>1824 Alaguna Lakes Blvd<br>Longwood FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                     |                                                                                                                                                                                 |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     | 407-333-7310<br>3-30-06                                                                                                                                                         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     | Date Daytime Phone #                                                                                                                                                            |