

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000062286

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: AMERICA'S CORPORATE RESOURCE NETWORK, INC.

**Current Principal Place of Business:**

1003 SWEETWATER BLVD S  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

1003 SWEETWATER BLVD S  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 59-3459538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOLTON, DANIEL A  
1003 SWEETWATER BLVD S  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BOLTON, M.D., THOMAS DR. A  
Address: 11944 LAKE SHORE PLACE  
City-St-Zip: NORTH PALM BEACH, FL 32408

Title: PC ( ) Delete  
Name: BOLTON, DANIEL A  
Address: 1003 SWEETWATER BLVD S  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: BLACKFORD, ROBERT M  
Address: 7 CYGNET COURT  
City-St-Zip: HILTON HEAD ISLAND, SC 29926

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BLACKFORD, ROBERT M  
Address: 2424 VIA GENOVA  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL A. BOLTON

PRES

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date