2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-25-2008 90058 037 ***150.00 **DOCUMENT # P97000077947** 1. Entity Name KEYSTAFF, INC. 40004 Principal Place of Business Mailing Address 1885 UNIVERSITY AVE PO BOX 4249 SUITE 90 SAINT PAUL, MN 55104 US SAINT PAUL, MN 55104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & State City & State 41-1887214 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Thoerike, Jana THOEMKE, JOSEPH G Street Address (P.O. Box Number is Not Acceptable) 5790 DIXIE BELL ROAD PALM BEACH GARDENS, FL 33418 5790 Dixie Bell Road 33418 Palm Beach Gardens 8. The above named entity submits this stelement 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, SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FRE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Delete TITLE President Change Ch ■ Addition TITLE THOEMKE, JOSEPH NAME NAME Thoenike, Jana STREET ADDRESS STREET ADDRESS 5790 DIXIE BELL RD 5790 Dixie Bell Road PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP CITY - ST - ZIP Palm Beach Cardens, FL 33418 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST- ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this fitting 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 reserver or bysee 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 attackment with an address, with all other-like empowered. SIGNATURE:

FILED Feb 25, 2008 8:00 am

Daytmo Phone #