


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90100 015 ***150.00

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| DOCUMENT # P98000019336 1. Entity Name W R I STAFFING, INC. |  |
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| Principal Place of Business 4400 N CONGRESS AVE 250 WEST PALM BEACH, FL 33407 | Mailing Address 4400 N CONGRESS AVE 250 WEST PALM BEACH, FL 33407 |
|--|--|

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0844008 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

OASIS OUTSOURCING
ATTN: TERRY MAYOTTE
4400 NORTH CONGRESS AVENUE, SUITE 250
WEST PALM BEACH, FL 33407

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVAS ROSEN, RICK 1001 BRICKELL BAY DR. STE 27TH FLR MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MNAYMNEH, SAMI W 1001 BRICKELL BAY DR. MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TCFO MAYOTTE, TERRANCE 4400 N. CONGRESS AVE 250 WEST PALM BEACH, FL 33407 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MELVIN, STEPHEN 4400 N. CONGRESS AVE 250 WEST PALM BEACH, FL 33407 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENEMANN, CHARLES J 1001 BRICKELL BAY DR. 27TH FLR MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Terry Mayotte 1-10-06 561-227-16500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #