2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000011710

Entity Name: EMPLOYER RESOURCES INTERNATIONAL, INC.

FILED Jan 09, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

37 N. ORANGE AVENUE 189 SOUTH ORANGE AVENUE **SUITE 1010**

SUITE 1550S ORLANDO, FL 32801 ORLANDO, FL 32801

New Mailing Address: Current Mailing Address:

37 N. ORANGE AVENUE 189 SOUTH ORANGE AVENUE

SUITE 1010 SUITE 1550S ORLANDO, FL 32801 ORLANDO, FL 32801

FEI Number: 59-3558281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BIDHENDI, KHOSROW BIDHENDI, KHOSROW 129 WHITECAPS CIRCLE 189 SOUTH ORANGE AVENUE MAITLAND, FL 32751 SUITE 1550S

ORLANDO, FL 32801 US

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: 01/09/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: BIDHENDI, KHOSROW BIDHENDI, KHOSROW Name: Name: 129 WHITECAPS CIR 189 SOUTH ORANGE AVENUE Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: ORLANDO, FL 32801

Title: Title: CFO (X) Change () Addition () Delete Name: BIDHENDI, KHOSROW Name: BIDHENDI, KHOSROW

129 WHITECAPS CIR Address: 189 SOUTH ORANGE AVENUE Address: MAITLAND, FL 32751 ORLANDO, FL 32801 City-St-Zip: City-St-Zip:

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: KHOSROW BIDHENDI PS 01/09/2008