2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S20910

FILED Apr 30, 2007 Secretary of State

Entity Name: NATIONAL EMPLOYER SERVICES I, INC.

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
118 S LAK AVON PA	E AVE RK, FL 33825				
Current M	lailing Address	:	New Mailing A	Address:	
118 S LAK AVON PA	E AVE RK, FL 33825				
FEI Number	: 59-3039504	FEI Number Applied For ()	FEI Number Not Applicabl	e () Certificate of Status Desired ()	
Name and	l Address of Cu	ırrent Registered Agent:	Name and Add	dress of New Registered Agent:	
	THERINE TH LAKE AVE. RK, FL 33825	US			
	e named entity so e of Florida.	ubmits this statement for the p	urpose of changing its re	gistered office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	Signature of Registered Age	nt	Date	
		0 0			
Election Ca		Trust Fund Contribution ().			
		Trust Fund Contribution ().	ADDITIONS/C	HANGES TO OFFICERS AND DIRECTORS	
OFFICER Title: Name: Address:	mpaign Financing	Trust Fund Contribution (). ORS: Delete RLES P JR.	ADDITIONS/C Title: Name: Address: City-St-Zip:	HANGES TO OFFICERS AND DIRECTORS () Change () Addition	
OFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address:	Mpaign Financing S AND DIRECT DPVT ()I WELBORN, CHA 118 S LAKE AVE AVON PARK, FL	Trust Fund Contribution (). ORS: Delete RLES P JR. 33825 Delete NE	Title: Name: Address:		
	DPVT ()I WELBORN, CHA 118 S LAKE AVE AVON PARK, FL S ()I LAKE, KATHERII 118 S LAKE AVE AVON PARK, FL	Trust Fund Contribution (). ORS: Delete RLES P JR. 33825 Delete NE 33825 Delete AN	Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	DPVT () I WELBORN, CHA 118 S LAKE AVE AVON PARK, FL S () I LAKE, KATHERII 118 S LAKE AVE AVON PARK, FL D () I WELBORN, SUS 118 S LAKE AVE AVON PARK, FL	Trust Fund Contribution (). ORS: Delete RLES P JR. 33825 Delete NE 33825 Delete AN 33825 Delete ON E AVE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition ()Change()Addition	

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: KATHERINE LAKE SEC 04/30/2007