## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S37282

500 SE 9TH AVENUE

City-St-Zip: POMPANO BEACH, FL 33060

Address:

Entity Name: TEMP TO PERMANENT, INC

FILED Jan 05, 2007 Secretary of State

| Current Principal Place of Business:  |   |                                | New Principal Place of Business:              |  |  |
|---|---|--------------------------------|---|--|--|
| SUITE 110   | ICNAB ROAD<br>)<br>D BEACH, FL                                |                                |   |  |  |
| Current M   | lailing Addre   | ss:                            | New Mailing Address:                          |  |  |
| SUITE 110   | ICNAB ROAD<br>)<br>D BEACH, FL                                | 33069                          |   |  |  |
| FEI Number:   | : 65-0431425  | 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: |   |                                |   |  |  |
| 1000 W M  | I CONSOLI<br>CNAB RD<br>D BEACH, FL                           | 33069 US                       |   |  |  |
|   | named entity<br>e of Florida.                                 | submits this statement for the | purpose of changing its registered            | office or registered agent, or both,         |  |
| SIGNATUR  | RE:   |                                |   |  |  |
|   | Electro   | nic Signature of Registered Ag | gent  | Date   |  |
| Election Car  | mpaign Financin   | g Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:   |   |                                | ADDITIONS/CHANGE                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PT (<br>CONSOLI, KA <sup>T</sup><br>7011 NW TUR<br>BOCA RATON | TLE WALK                       | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:  | V (   | ) Delete                       | Title:  | ) Change ()Addition                          |  |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHRYN A CONSOLI PT 01/05/2007