## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 07, 2007 8:00 am Secretary of State

DOCUMENT # S54431  1. Entity Name TEAMSTAFF I, INC.					05-07-2007 90074 039 ***150.00				
Principal Place of Business		Mailing Address			4010	1000			
300 ATRIUM DR		300 ATRIUM DR.			4010	•			
SOMERSET, NJ 08873		SOMERSET, NJ 08873							
						1	I BURD BERU BERU		
2. Principal P	lace of Business - No P.O. Box#	3. Mailing Address			†    <b>       </b>				
					it Arch Artift Sides III.	: WIE41 B) E31 E1E41	61411 BIBI: BIB		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02192007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		4. FEI Numb			Ap	plied For	
					59-306	7619	<u></u>	No	t Applicable
Zip Country		Zip Country		<del></del>	5. Certificate	of Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent			7 Name and	Address of New R		ee Require	<u> </u>
	o. Hallo allo Adaloso Ol Gallolik	registeres Agent	Nam	e	7. 11441110 4314	TAGGET OF THE T	iogiotoroa Ag	,0,,,	-
CORPORATION SERVICE COMPANY			Change	Street Address (P.O. Box Number is Not Acceptable)					
	S STREET SSEE, FL 32301-2525		Siree	i Address (	P.O. BOX NUMB	er is Not Acceptable	3)		
IVERVITY	33EE, FE 32301-2323								
			City				FL	Zip Cod	<del></del>
• T		4				the death of the			
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered offic	or registe	rea agent, or bo	in, in the State of Fil	orida. I am ta	miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent si	gnature require	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Cont			.00 May Be led to Fees		•		
10.	OFFICERS AND	DIRECTORS	11		ADDITIONS	CHANGES TO OFF	ICERS AND D	PIRECTOR	S IN 11
TITLE	VS	Delete	<b>1</b>					Сhaпде	Addition
NAME STREET ADDRESS	HOUSTON, JAMES 300 ATRIUM DR		NAME STREET ADDRE	.					
CITY-ST-ZIP	SOMERSET, NJ 08873		CITY-ST-ZIP	33					
TITLE	D	Delete	TITLE	0				Change	** Addition
NAME	SMITH, T. KENT		NAME		X Filio		·	_	
STREET ADDRESS	300 ATRIUM DR		STREET ADDRES		N'ATA O				
CITY-ST-ZIP	SOMERSET, NJ 08873		CITY-ST-ZIP			20 EU. 1		<u> </u>	
TITLE	VCFO FILIPPELLI, RICK	☐ Delete	NAME	8,	ce0, c	40.5	1	Change	Addition
NAME STREET ADDRESS	300 ATRIUM DR		STREET ADDRE	ss					
CITY-ST-ZIP	SOMERSET, NJ 08873		CITY-ST-ZIP						
TITLE	Р	Delete	TITLE			•		Change	☐ Addition
NAME	SMITH, T. KENT	. •	NAME						
STREET ADDRESS	300 ATRIUM DR		STREET ADDRE	SS					
CITY-ST-ZIP	SOMERSET, NJ 08873		CITY-ST-ZIP	-					
TITLE NAME	CC PRESUTO, CHERYL	☐ Delete	TITLE NAME					Change	Maddition
STREET ADDRESS	300 ATRIUM DR		STREET ADORE	ss					
CITY-ST-ZIP	SOMERSET, NJ 08873		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME					-	
STREET ADDRESS			STREET ADDRE	SS					
CITY-ST-ZIP	. 48 4 14 18 4 19 19 19	ALC PRODUCTION OF THE PRODUCTI	CITY-ST-ZIP		41- Ob	a Clear Control		**	
iz. inereby	certify that the information supplied with	true and operate and that a	n uie exemptior	o contame	on Chapter 113	ot on it made under	ooth: that I am	y irak trie ii	nomation

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 trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_

IGNATURE AND TYPED OF BRINTED NAME OF SIGNUIS OFFICER ON DIDECTO

5/1/07

732748-1700 Daytime Phone #