2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01077

FILED Apr 16, 2008 Secretary of State

Entity Name: ACCORD HUMAN RESOURCES OF FLORIDA, INC.

	rincipal Place	oi busilless:	New Princi	pal Place of Business:
410 WARI SUITE 716 TAMPA, F	3	}		
Current M	lailing Addres	s:	New Mailin	g Address:
210 PARK	AVENUE			
1200	MA CITY, OK 7	3102 US		
FEI Number	: 65-0301304	FEI Number Applied	For () FEI Number Not Applie	cable () Certificate of Status Desired ()
Name and	Address of C	urrent Registered	Agent: Name and	Address of New Registered Agent:
TAMPA, F The above	E BLVD., SUITE L 33619 US	}	ent for the purpose of changing its	s registered office or registered agent, or both,
SIGNATU	RE:			
		ic Signature of Regi	istored Agent	Date
	Electron	ic Signature of Regi	istered Agent	Date
Election Ca		Trust Fund Contribut	-	Date
		Trust Fund Contribut	ion ().	
OFFICER Fitle: Name: Address:	mpaign Financing	Trust Fund Contribut TORS: Delete D., SUITE 716	ion ().	
OFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address:	S AND DIRECT PSTD () JONES, JOHN L 410 WARE BLV TAMPA, FL 336	Trust Fund Contribut TORS: Delete D., SUITE 716 819 Delete .E L. , SUITE 1200	ion (). ADDITIONS Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTORS
	PSTD () JONES, JOHN L 410 WARE BLV TAMPA, FL 336 CEO () HAGEMAN, DAL 210 PARK AVE. OKLAHOMA CIT	Trust Fund Contribut TORS: Delete D., SUITE 716 Delete C, SUITE 1200 TY, OK 73102 Delete C, J , SUITE 1200 T, SUITE 1200	Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	S/CHANGES TO OFFICERS AND DIRECTORS () Change () Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	PSTD () JONES, JOHN L 410 WARE BLV TAMPA, FL 336 CEO () HAGEMAN, DAL 210 PARK AVE. OKLAHOMA CIT	Trust Fund Contribut TORS: Delete D., SUITE 716 B19 Delete E.E.L., SUITE 1200 TY, OK 73102 Delete C. J., SUITE 1200 TY, OK 73102 Delete ER J. RABIA ROAD	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTORS () 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: KAYLA L YANDA SEC 04/16/2008