


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000003156 1. Entity Name ONESOURCE EMPLOYER SERVICES, INC.	
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Principal Place of Business 1048 N 44TH STREET SUITE #210 PHOENIX, AZ 85008	Mailing Address 1048 M 44TH STREET SUITE #210 PHOENIX, AZ 85007
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07182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1017035	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lucy Solan* DATE 07-17-07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000770017
 07/23/07-80005-003 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPT MERKER, ROBERTA 1048 N. 44TH STREET, SUITE 210 PHOENIX, AZ 85008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KLAPROTH, STEVE 1048 N 44TH STREET, SUITE 210 PHOENIX, AZ 85008
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: *Roberta Merker* DATE: 07-17-07 DAYTIME PHONE #: 602 553-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR