


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90126 009 \*\*\*150.00

<b>DOCUMENT # F99000006575</b> 1. Entity Name CENTURY II STAFFING USA, INC.	
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Principal Place of Business 278 FRANKLIN RD SUITE 350 BRENTWOOD, TN 37027	Mailing Address 278 FRANKLIN RD SUITE 350 BRENTWOOD, TN 37027
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**50029769**



03172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 62-1803921	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FORTUNE, MARC 1026 OVERTON LEA RD. NASHVILLE, TN 37220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAILY, GREGORY SCOTT 40 BURTON HILLS SUITE 415 NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOSTON, ROBERT 1125 GATEWAY LN NASHVILLE, TN 37220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOULD, JEFFREY R 1163 GATEWAY LANE NASHVILLE, TN 37220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **M FORTUNE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/05**  
Date

**6156659660**  
Daytime Phone #