

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90195 038 \*\*\*150.00

<b>DOCUMENT # P93000054311</b>																																																																																																																																																											
<b>1. Entity Name</b> EMPLOY AMERICA II, INC.																																																																																																																																																											
<b>Principal Place of Business</b> 199 AVE K SE WINTER HAVEN, FL 33880 US			<b>Mailing Address</b> 199 AVE K SE WINTER HAVEN, FL 33880 US																																																																																																																																																								
<b>2. Principal Place of Business</b> 1801 Hobbs Rd.		<b>3. Mailing Address</b> 1801 Hobbs Rd.																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
<b>City &amp; State</b> Auburndale, FL		<b>City &amp; State</b> Auburndale, FL		<b>4. FEI Number</b> 59-3194585																																																																																																																																																							
<b>Zip</b> 33823		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																																							
<b>6. Name and Address of Current Registered Agent</b> KNIGHT, JAMES F 199 AVE K SE WINTER HAVEN, FL 33880			<b>7. Name and Address of New Registered Agent</b> Name: Knight, James F. Street Address (P.O. Box Number is Not Acceptable): 1801 Hobbs Rd. City: Auburndale, FL FL Zip: 33823																																																																																																																																																								
<b>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.</b>																																																																																																																																																											
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																																																																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">VP</td> <td style="width: 20%; text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">KNIGHT, JAMES F</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">105 COVINGTON COVE</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">WINTER HAVEN, FL 33884</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">T</td> <td style="text-align: right; 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<b>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.</b>																																																																																																																																																											
<b>SIGNATURE:</b> _____ <span style="float: right;">4/25/06</span>																																																																																																																																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>																																																																																																																																																											