| No. <b>W 16056</b>                                                               | Due no later than Jul 31, 2007                                                                                                        | 2. Registered Agent and Address (NO PO BOX) |   |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---|
| Return to:                                                                       | Annual Report Form                                                                                                                    | RECORD SEARCH & INFO SERVICES               |   |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed.  AMERICAN TRAVELER STAFFING PROFESSIONALS, LLC LORI STOFFER 1615 S FEDERAL HIGHWAY | 5527 KENDALL ST<br>BOISE ID 83706           |   |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                         | SUITE 300<br>BOCA RATON FL 33432                                                                                                      | 3. <u>New</u> Registered Agent Signature:*  |   |
| 4. Limited Liability Companies: Enter Na                                         | mes and Addresses of at least one Member or Manager.                                                                                  |                                             |   |
| Office Held Name                                                                 | Street or PO Address                                                                                                                  | City State Country Postal Cod               | e |
| MANAGER DENNIS URE                                                               | BANSKI 4961 NW 97 DR                                                                                                                  | CORAL SPRINGS FL 33076                      |   |
| 5. Organized Under the Laws of:                                                  | 6. Annual Report must be signed.*                                                                                                     |                                             |   |
| FLORIDA                                                                          | Signature: Lori Stoffer                                                                                                               | Date: 05/15/2007                            |   |
| W 16056                                                                          | Name (type or print): Lori Stoffer                                                                                                    | Title: Business Analyst                     |   |
| Processed 05/15/2007                                                             | * Electronically provided signatures are accepted as original sign                                                                    | natures.                                    |   |