2005 FOR PROFIT CORPORATION

FILED Jan 19, 2005 08:00 AM

	WIGHTOWE	KEPOKI			17, 2000	
1. Entity Nan	MENT # 534062 me sALES RECRUITERS, INC.			S	Secretary	y of State
Principal Place of Business 13400 SUTTON PARK DRIVE S STE. 1601 JACKSONVILLE, FL 32224 US		Mailing Address 13400 SUTTON PARK DRIVE S STE. 1601 JACKSONVILLE, FL 32224 US				
				01152005 No Chg-		(RII 5(800 #(500=21 1) LBEC
DO NOT WRITE		IN THIS SPACE		4. FEI Number 59-1742328	0.122007	Applied For Not Applicable
				5. Certificate of Status Desi		3.75 Additional e Required
	6. Name and Address of Current R	egistered Agent	·		**************************************	· · · · · · · · · · · · · · · · · · ·
BALES, SARA K PRESIDE 13400 SUTTON PARK DRIVE S. STE. 1601 JACKSONVILLE, FL 32224				DO NOT	•	
8. The above the obliga SIGNATURE.	e named entity submits this statement for to tions of registered agent. Signature, typed or proteed name of registered agent and				of Florida. I am fam	iliar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.				00 May Be ed to Fees		
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS	P BALES, SARA K P 13400 SUTTON PARK DRIVE S., S JACKSONVILLE, FL 32224			U00 01/21/	0001 8 5649 05-80024-0	06 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP				DO NOT	WRITE	
NAME STREET ADDRESS CITY-ST-ZIP			*	IN THIS :	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
7170 0	1			•	•	

12. Thereby 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: <

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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