

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004880

Entity Name: CAREER RESUMES, INC.

FILED  
Sep 12, 2006  
Secretary of State

## Current Principal Place of Business:

3198 BELLFLOWER WAY  
LAKELAND, FL 33811

## New Principal Place of Business:

## Current Mailing Address:

3198 BELLFLOWER WAY  
LAKELAND, FL 33811

## New Mailing Address:

FEI Number: 72-1523658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARTZ, MARK  
3198 BELLFLOWER WAY  
LAKELAND, FL 33811 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: BARTZ, MARK A  
Address: 3198 BELLFLOWER WAY  
City-St-Zip: LAKELAND, FL 33811

Title: DPT ( ) Delete  
Name: ROBERGE, BONNIE  
Address: 3198 BELLFLOWER WAY  
City-St-Zip: LAKELAND, FL 33811

Title: DS ( ) Delete  
Name: LAZARO, ROWENA  
Address: 3198 BELLFLOWER WAY  
City-St-Zip: LAKELAND, FL 33811

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK BARTZ

DIR

09/12/2006

Electronic Signature of Signing Officer or Director

Date