2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

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DOCUMENT # F0300005535						6 90191 008 ***1:		
RECRUITMAX SOFTWARE, INC.								
7017	iechnology, Inc.		1	TEST .				
Principal Plac		Mailing Address			AAAT	LMIG		
	VEDRA PARK DR. — VA Beach, Fl. 32082	240 PONTE VEDRA PAR -PONTE VEDRA BEACH, I						
1 01112 7201	or bending the decode	TORTE VEDICE DESCRIPTION,	1 32002	1 (88)		MI 881(1 88(8) SHELLEMEN III SH	11881 11 1881	
Principal Place of Business 3. Mailing Address								
Hero Centurion Tarkway		Same			} #8 88 BRJ BB BB	131 AME11 MAIR! A <u>9171 B1188 11171 B1</u>		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State			TOWNSON PE	03302006	Chg-P	CR2E034 (11/05)		
Jacksonville, PL		City & State		4. FEI Numi 59-34			oplied For of Applicable	
Zip	Country	Zip	Country		e of Status Desired	\$8.75 Add	ditional	
33351	6. Name and Address of Current F	Registered Agent		7. Name an	d Address of New F	Fee Require	d	
MEDOED			Name	Docak	Mercer			
MERCER, DEREK 249 PONTE VEDRA PARK DR. Street Addres				ddress (P.O. Box Numi	<u> </u>	e)		
FUNTE VEDRA BEACH, FL 32082 FULLO CENTURISM Parkuray Suite 100				15 A L.	2.4			
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Tocksonville, FL 358500 City Tocksonville FL Zip Code 350500 8. The above named entity submits this systematic by the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accompany to the state of Florida.						56		
the obligations of registered agent.								
SIGNATURE / WW/ // / /								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered Agent signatu	re required when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be								
After Ma	ay 1, 2006 Fee will be \$550.0	Trust Fund Contri	ibution. \square	Added to Fees				
10.	OFFICERS AND I		11.	ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTOR		
TITLE NAME	DS MERCER, DEREK	☐ Delete	TITLE					
STREET ADDRESS 240 PONTE VEDRA PARK DR.			MASAE			☆ Change	S IN 11	
1	240 PONTE VEDRA PARK DR.		NAME STREET ADDRESS	7000 Centy	1000 Parku		☐ Addition	
CHY-ST-ZIP	240 PONTE VEDRA PARK DR. PONTE VEDRA BEACH, FL 3200		NAME STREET ADDRESS CITY-ST-ZIP	Fluso Centu Jackson II		Change Coy, Suite 105	Addition	
1	240 PONTE VEDRA PARK DR.	32	NAME STREET ADDRESS			Change	☐ Addition	
CHY-ST-ZIP TITLE NAME STREET ADDRESS	240 PONTE VEDRA PARK DR. PONTE VEDRA BEACH, FL 3200 DPT PHILIP, JAMES 240 PONTE VEDRA PARK DR.	☐ Delete	NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME	Jackson 11 DVT	<u>(p.3325</u>	Change	Addition	
CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	240 PONTE VEDRA PARK DR. PONTE VEDRA BEACH, FL 3200 DPT PHILIP, JAMES	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>(p.3325</u>	Change Suite 100 Change U.Suite 100	☐ Addition☐ Addition☐ Addition☐	
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12. I hereby certify that the information supplied with this filling 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 adjuster fike-empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #