

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90191 008 \*\*\*150.00

**DOCUMENT # F03000005535**

1. Entity Name  
**RECRUITMAX SOFTWARE, INC.**  
**Nuvv Technology, Inc.**



Principal Place of Business  
**240 PONTE VEDRA PARK DR.**  
**PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**240 PONTE VEDRA PARK DR.**  
**PONTE VEDRA BEACH, FL 32082**

2. Principal Place of Business  
**7400 Centurion Parkway**  
Suite, Apt. #, etc.  
**Suite 100**  
City & State  
**Jacksonville, FL**  
Zip  
**32256** Country  
**US**

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

00017610



03302006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3412988** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MERCER, DEREK**  
**240 PONTE VEDRA PARK DR.**  
**PONTE VEDRA BEACH, FL 32082**  
**7400 Centurion Parkway, Suite 100**  
**Jacksonville, FL 32256**

7. Name and Address of New Registered Agent  
Name  
**Derek Mercer**  
Street Address (P.O. Box Number is Not Acceptable)  
**7400 Centurion Parkway, Suite 100**  
City  
**Jacksonville** FL Zip Code  
**32256**

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.

SIGNATURE DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MERCER, DEREK 240 PONTE VEDRA PARK DR. PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7400 Centurion Parkway, Suite 100</b> <b>Jacksonville, FL 32256</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PHILIP, JAMES 240 PONTE VEDRA PARK DR. PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7400 Centurion Parkway, Suite 100</b> <b>Jacksonville, FL 32256</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR