

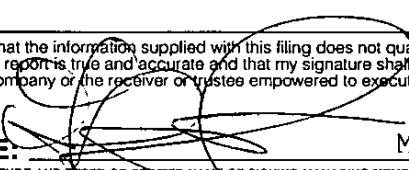


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000057411</b> 1. Entity Name <b>CAREERSUSA BALTIMORE, LLC</b>			<b>FILED</b> <b>05 APR 14 11 10:58</b> <b>SECRET</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>6501 CONGRESS AVE. SUITE 200 BOCA RATON, FL 33487</b>		Mailing Address <b>6501 CONGRESS AVE. SUITE 200 BOCA RATON, FL 33487</b>		
DO NOT WRITE IN THIS SPACE		 <b>01032005No Chg-LLC      CR2E083 (10/03)</b>		
		4. FEI Number <b>20-0567804</b>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>OUNJIAN, JENNIFER L 6501 CONGRESS AVE. SUITE 200 BOCA RATON, FL 33487</b>		DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE		
TITLE	MGRM			
NAME	CAREERS USA, INC.			
STREET ADDRESS	6501 CONGRESS AVE.			
CITY - ST - ZIP	BOCA RATON, FL 33487			
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
11. I hereby 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		(561) 995-7000 <small>Daytime Phone #</small>		