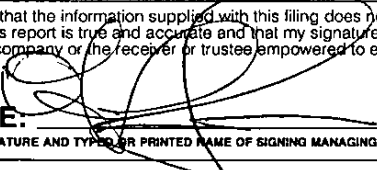


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000057461</b> 1. Entity Name CAREERSUSA PHILADELPHIA, LLC			<b>FILED</b> 05 APR 14 4:11:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 6501 CONGRESS AVE. SUITE 200 BOCA RATON, FL 33487		Mailing Address 6501 CONGRESS AVE. SUITE 200 BOCA RATON, FL 33487	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01042005No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 20-0568456	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  OUNJIAN, JENNIFER L 6501 CONGRESS AVE. SUITE 200 BOCA RATON, FL 33487		<b>DO NOT WRITE IN THIS SPACE</b>	
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		<b>DO NOT WRITE IN THIS SPACE</b>  000054227790 05/10/05--01086--001 **1300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAREERS USA INC. 6501 CONGRESS AVE. 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			
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.			
<b>SIGNATURE:</b> 		Marilyn J. Ounjian, MM (561) 995-7000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	