


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000006658 1. Entity Name RECRUITMENT AND TRAINING PROJECT ECONOMIC DEVELOPMENT CORPORATION	
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Principal Place of Business 5524 NW 7TH AVE 1ST FL MIAMI, FL 33127	Mailing Address 5524 NW 7TH AVE 1ST FL MIAMI, FL 33127
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08102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0880092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MASON, SAMUEL 5524 NW 7TH AVE MIAMI, FL 33127
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 <i>Samuel Mason</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, ADDIE 17610 NW 13TH COURT MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA MASON, SAMUEL 17301 NW 24TH AVE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, RENEE 17301 NW 13TH CRT MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASON, SAMUEL 17301 NW 24TH AVE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS MAXWELL, MARY 17610 NW 13TH ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BARER, BONITA MS 5524 NW 7TH AVE MIAMI, FL 33127

<p>1000000376767 08/22/05-80001-010 70.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. 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 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Samuel Mason</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>8-17-05</i> Daytime Phone #