


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90455 041 ***150.00

DOCUMENT # P00000083642	
1. Entity Name RECRUITING ALLIES, INC.	

Principal Place of Business 2117 RIVER BLVD JACKSONVILLE, FL 32204	Mailing Address 2117 RIVER BLVD JACKSONVILLE, FL 32204
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40091384

2. Principal Place of Business - No P.O. Box # 3861 Novaline Lane Suite, Apt. #, etc.	3. Mailing Address 3861 Novaline Lane Suite, Apt. #, etc.
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04262007 Chg-P CR2E034 (12/06)

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32277 Country USA	Zip 32277 Country USA

4. FEI Number 59-3672452	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LYONS, LORI 2117 RIVER BLVD JACKSONVILLE, FL 32204
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7. Name and Address of New Registered Agent Name 3861 Novaline Lane Street Address (P.O. Box Number is Not Acceptable) City Jacksonville FL Zip Code 32277

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  Signature, typed or printed name of registered agent and state, if applicable	Lori Lyons (NOTE: Registered Agent signature required when reinstating)	04/26/2007 DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	D LYON, LORI 2117 RIVER BLVD JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O LYONS, MICHAEL 2117 RIVER BLVD JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3861 NOVALINE LANE JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3861 NOVALINE LANE JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/26/2007 Date	954-5024 Daytime Phone #
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