

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90364 038 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P0000083642</b>			
1. Entity Name <b>RECRUITING ALLIES, INC.</b>			
Principal Place of Business 501 S.W. 8TH STREET FORT LAUDERDALE, FL 33315		Mailing Address PO BOX 24744 JACKSONVILLE, FL 32241	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>501 SW 8th Street</b>		Suite, Apt. #, etc. <b>501 SW 8th Street</b>	
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>	
Zip <b>33315</b>		Country <b>USA</b>	
4. FEI Number <b>59-3672452</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>MANCHESTER, LORI 501 S.W. 8TH STREET FORT LAUDERDALE, FL 33315</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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  <b>Lori R Manchester</b> DATE <b>April 28, 2003</b> <small>(NOTE: Registered Agent's signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>DR MANCHESTER, LORI 501 S.W. 8TH STREET FORT LAUDERDALE, FL 33315</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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  <b>Lori R Manchester</b>		Date <b>4/28/2003</b> Cayman Phone # <b>954-554-8024</b>	