


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000102753  
 1. Entity Name  
**MANAGEMENT RECRUITERS OF APOLLO BEACH INC.**



Principal Place of Business      Mailing Address  
**8914 EAGLE WATCH DR.**      **8914 EAGLE WATCH DR.**  
**RIVERVIEW, FL 33569**      **RIVERVIEW, FL 33569**

**DO NOT WRITE IN THIS SPACE**



03122006    No Chg-P    CR2E034 (11/05)  
 4. FEI Number      Applied For  
**59-3679821**      Not Applicable  
 5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HANDLEY, WILLIAM J**  
**8914 EAGLE WATCH DR.**  
**RIVERVIEW, FL 33569**

**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 *William J Handley* (no change) 3/12/06  
Signature typed or printed name of registered agent and date if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HANDLEY, WILLIAM J
STREET ADDRESS	8914 EAGLE WATCH DR.
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	HANDLEY, KATHLEEN
STREET ADDRESS	8914 EAGLE WATCH DR.
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000474650  
 04/04/06-80032-022 150.00  
**DO NOT WRITE IN THIS SPACE**

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: *Kathleen Handley*      3.12.06    813-685-2773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #