

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019712

FILED
Mar 14, 2008
Secretary of State

Entity Name: CAREERS FRANCHISING, INC.

Current Principal Place of Business:

6501 CONGRESS AVE, STE 200
SUITE 200
BOCA RATON, FL 33487

New Principal Place of Business:

6501 CONGRESS AVENUE
SUITE 200
BOCA RATON, FL 33487

Current Mailing Address:

6501 CONGRESS AVE, STE 200
SUITE 200
BOCA RATON, FL 33487

New Mailing Address:

6501 CONGRESS AVENUE
SUITE 200
BOCA RATON, FL 33487

FEI Number: 65-1079486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, JENNIFER O ESQ
6501 CONGRESS AVE, STE 200
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

JOHNSON, JENNIFER O ESQ
6501 CONGRESS AVENUE
SUITE 200
BOCA RATON, FL 33487 US

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.

SIGNATURE:

03/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: OUNJIAN, MARILYN J
Address: 6501 CONGRESS AVE, STE 200
City-St-Zip: BOCA RATON, FL 33487

Title: D, P () Delete
Name: OUNJIAN, GEORGE E
Address: 6501 CONGRESS AVE, STE 200
City-St-Zip: BOCA RATON, FL 33487

Title: DST () Delete
Name: JOHNSON, JENNIFER O
Address: 6501 CONGRESS AVE, STE 200
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Delete
Name: FELDMAN, TRUDY
Address: 6501 CONGRESS AVE, STE 200
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER O. JOHNSON

DST

03/14/2008

Electronic Signature of Signing Officer or Director

Date