

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000013499

Entity Name: A CUSTOM RESUME, INC.

FILED
Feb 02, 2006
Secretary of State

Current Principal Place of Business:

341 LESLIE DRIVE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

341 LESLIE DRIVE
HALLANDALE, FL 33009

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLUSSEL, MATT
341 LESLIE DRIVE
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SCHLUSSEL, MATT
Address: 341 LESLIE DRIVE
City-St-Zip: HALLANDALE, FL 33009

Title: SECT () Delete
Name: SCHLUSSEL, MATT
Address: 341 LESLIE DRIVE
City-St-Zip: HALLANDALE, FL 33009

Title: DIR () Delete
Name: SCHLUSSEL, MATT
Address: 341 LESLIE DRIVE
City-St-Zip: HALLANDALE, FL 33009

Title: VP (X) Delete
Name: SCHLUSSEL, JUDI
Address: 341 LESLIE DRIVE
City-St-Zip: HALLANDALE, FL 33009

Title: DIR (X) Delete
Name: SCHLUSSEL, JUDI
Address: 341 LESLIE DRIVE
City-St-Zip: HALLANDALE, FL 33009

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL L. ABRAMS

ATTY

02/02/2006

Electronic Signature of Signing Officer or Director

Date