

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076018

FILED  
Feb 26, 2007  
Secretary of State

Entity Name: T A W RECRUITING SOLUTIONS, INC.

## Current Principal Place of Business:

7295 S MAXWELL POINT  
HOMOSASSA, FL 34446

## New Principal Place of Business:

## Current Mailing Address:

7295 S MAXWELL POINT  
HOMOSASSA, FL 34446 US

## New Mailing Address:

FEI Number: 20-2900726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AUSTIN, TROY  
7295 S MAXWELL POINT  
HOMOSASSA, FL 34446 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P, S ( ) Delete  
Name: AUSTIN, TROY  
Address: 7295 S MAXWELL POINT  
City-St-Zip: HOMOSASSA, FL 34446

Title: VP ( ) Delete  
Name: WHITING, STEVEN  
Address: 49725 BLAIRMONT ROAD  
City-St-Zip: ADENA, OH 43901 US

Title: T ( ) Delete  
Name: AUSTIN, RUTHANN  
Address: 7295 S. MAXWELL PT.  
City-St-Zip: HOMOASASSA, FL 34446 US

Title: S (X) Delete  
Name: WHITING, JUDITH  
Address: 49725 BLAIRMONT ROAD  
City-St-Zip: ADENA, OH 43901 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: AUSTIN, TROY  
Address: 7295 S MAXWELL POINT  
City-St-Zip: HOMOSASSA, FL 34446

Title: P (X) Change ( ) Addition  
Name: PADLO, DAVID  
Address: 177 POPLAR ST.  
City-St-Zip: EAGLEVILLE, TN 37060 US

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: RUTHANN AUSTIN

T

02/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date