2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Secretary of State DOCUMENT # P05000165688 02-26-2007 90064 004 ***150.00 WORTH RECRUITING, INC. Principal Place of Business Mailing Address 5561 SOUTHWEST 7TH COURT 5561 SOUTHWEST 7TH COURT MARGATE, FL 33068 MARGATE, PL 33068 2. Principal Place of Business - No P.O. Box # Mailing Address 40 Mark I. Ingber, C.P.A. P.A. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02202007 Cha-P 0100 West Sample Road #326 City & State Applied For 4. FEI Number 20-4003953 City & State oral Springs Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired **3**3065-3973 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUTTLE, STACEY Street Address (P.O. Box Number is Not Acceptable) 5561 SOUTHWEST 7TH COURT MARGATE, FL 33068 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change Addition TUTTLE, STACEY NAME NAME 5561 SOUTHWEST 7TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33068 CJTY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Срадов ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-702 12. I hereby certify that the information supplied with this filling 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.

FILED

Feb 26, 2007 8:00 am

954-510-0109