2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036851

Title:

Name:

Address:

City-St-Zip:

() Delete

TRUJILLO, ROBYN M

PORT ORANGE, FL 32127

5453 LANDIS LANE

FILED May 16, 2005 Secretary of State

Entity Nar	ne: RECRUITII	NG ALTERNATIVES, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
P.O. BOX : PORT OR/	290333 ANGE, FL 3212	7 US				
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX : PORT OR/	290333 ANGE, FL 3212	7 US				
FEI Number:	59-3379410	FEI Number Applied For ()	El Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
150 SOUT	MARYELLEN G H PALMETTO A BEACH, FL 32	VENUE				
	named entity su e of Florida.	ıbmits this statement for the purp	ose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE:					
	Electronic	Signature of Registered Agent			Date	
Election Car	npaign Financing	2)(b), F.S., the corporation did not red Trust Fund Contribution ().	·		TO OFFICERS AND DIDECTORS	
	S AND DIRECT				TO OFFICERS AND DIRECTORS	
Title: Name:	P () [SWANSON, EDW)elete (ABD I	Title: Name:	P (X SWANSON, ED) Change () Addition	
Address:	5984 PELHAM DI		Address:		LLAGE DRIVE UNIT A-301.	
City-St-Zip:	PORT ORANGE,		City-St-Zip:	PONCE INLET,		
Title:	V ()	Pelete	Title:	V (X) Change ()Addition	
Name:	SWANSON, JOY	CE A	Name:	SWANSON, JO		
Address:	5984 PELHAM D		Address:		LLAGE DRIVE UNIT A-301	
City-St-Zip:	PORT ORANGE,	FL 32127	City-St-Zip:	PONCE INLET,	FL 32127	
Title:	S ()[Pelete	Title:	S (X) Change ()Addition	
Name:	SWANSON, SEAL	N	Name:	SWANSON, SE	EAN	
Address:	31 ASHLEY LANE		Address:	126 ROYAL O	AKS DRIVE	
City-St-Zip:	GUYTON, GA 31	312	City-St-Zip:	GUYTON, GA :	31312	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: EDWARD J. SWANSON Ρ 05/16/2005

() Change () Addition