

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036851

FILED
Apr 28, 2009
Secretary of State

Entity Name: RECRUITING ALTERNATIVES, INC.

Current Principal Place of Business:

4205 MAYFAIR LANE
PORT ORANGE, FL 32129 US

New Principal Place of Business:

4670 LINKS VILLAGE DRIVE
B101
PONCE INLET, FL 32127 US

Current Mailing Address:

P.O. BOX 290333
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 59-3379410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOBERG, MARYELLEN G
150 SOUTH PALMETTO AVENUE
DAYTONA BEACH, FL 32114 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 () Delete
Name: SWANSON, EDWARD J
Address: 4205 MAYFAIR LANE
City-St-Zip: PORT ORANGE, FL 32129

Title: V () Delete
Name: SWANSON, JOYCE A
Address: 4205 MAYFAIR LANE
City-St-Zip: PORT ORANGE, FL 32129

Title: S () Delete
Name: SWANSON, SEAN
Address: 126 ROYAL OAKS DRIVE
City-St-Zip: GUYTON, GA 31312

Title: T () Delete
Name: TRUJILLO, ROBYN M
Address: 5453 LANDIS LANE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SWANSON, EDWARD J
Address: 4670 LINKS VILLAGE DRIVE B101
City-St-Zip: PONCE INLET, FL 32127

Title: V (X) Change () Addition
Name: SWANSON, JOYCE A
Address: 4670 LINKS VILLAGE DRIVE B101
City-St-Zip: PONCE INLET, FL 32127

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: EDWARD J. SWANSON

P

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date