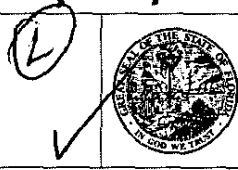


06-09-2003 90121 047 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000072611
 1. Entity Name
 TJM RECRUITING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 936 Elderberry Way
 Suite, Apt. #, etc.

3. Mailing Address
 936 Elderberry Way
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Boca Raton, Florida

City & State
 Boca Raton, Florida

4. FEI Number 650858323 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip 33486 Country USA Zip 33486 Country USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name David L. Hatton

Street Address (P.O. Box Number is Not Acceptable)

150 Alhambra Circle, Suite 1150

City Coral Gables FL Zip Code 33134

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 *David L. Hatton* David L. Hatton 5/29/03

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marc Hatton 936 Elderberry Way Boca Raton, FL. 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Hatton 150 Alhambra Circle, Suite 1150 Coral Gables, FL. 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *David L. Hatton* David L. Hatton 5/29/03 305-858-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)