

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000256

FILED
Jan 03, 2007
Secretary of State

Entity Name: STRATEGIC RECOVERY SYSTEMS, INC.

Current Principal Place of Business:

421 NORTH 7TH STREET
SUITE 701
PHILADELPHIA, PA 19123

New Principal Place of Business:

Current Mailing Address:

421 NORTH 7TH STREET
SUITE 701
PHILADELPHIA, PA 19123

New Mailing Address:

PO BOX 834
FORT WASHINGTON, PA 19034

FEI Number: 23-3070017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PDT () Delete
Name: SEWARD, JAMES JR.
Address: 421 NORTH 7TH STREET
City-St-Zip: PHILADELPHIA, PA 19123

Title: S () Delete
Name: SEWARD, CORDELIA
Address: 421 NORTH 7TH STREET
City-St-Zip: PHILADELPHIA, PA 19123

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JAMES SEWARD, JR.

PRES

01/03/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date