


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90006 024 \*\*\*150.00

DOCUMENT # F0600000797		
1. Entity Name COST RECOVERY SYSTEMS INC.		
Principal Place of Business 16 LAVINIA AVENUE GREENVILLE, SC 29601		Mailing Address PO BOX 9017 GREENVILLE, SC 29604
2. Principal Place of Business - No P.O. Box # <b>SAME</b>		3. Mailing Address <b>4495-304 Roosevelt Blvd</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>#180</b>
City & State		City & State <b>Jacksonville FL</b>
Zip	Country	4. FEI Number <b>57-1049648</b>
Zip <b>32210</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>HARMON, ROY 4619 APACHE AVENUE JACKSONVILLE, FL 32210</b>		7. Name and Address of New Registered Agent Name <b>Harmon, Roy III</b> Street Address (P.O. Box Number is Not Acceptable) <b>2935 Harvard Ave</b> City <b>Jacksonville</b> FL Zip Code <b>32210</b>
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: <b>Roy Harmon</b> <b>Roy J. Harmon</b> <b>4-29-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C MAJOR, SID PO BOX 9017 GREENVILLE, SC 29604</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VC HARMON, ROY PO BOX 9017 GREENVILLE, SC 29604</b> <input type="checkbox"/> Delete	<b>VC Harmon, Roy III P.O. Box 9017 Greenville, SC 29604</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PT HARMON, ROY JR. PO BOX 9017 GREENVILLE, SC 29604</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPS HARMON, ROY III PO BOX 9017 GREENVILLE, SC 29604</b> <input checked="" type="checkbox"/> Delete	<b>Harmon, Jennifer P.O. Box 9017 Greenville, SC 29604</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>Major, Claudia P.O. Box 9017 Greenville, SC 29604</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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.		
SIGNATURE: <b>Roy Harmon III</b> <b>Roy J. Harmon</b> <b>Vice Pres</b> <b>4-29-07</b> <b>(904) 688-0770</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

*(Call) X864/44 4335*