

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J43034

FILED
Feb 07, 2007
Secretary of State

Entity Name: INSURANCE RECOVERY INTERNATIONAL, INC,

Current Principal Place of Business:

1778 PARK AVENUE NORTH
SUITE 111
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1778 PARK AVENUE NORTH
SUITE 111
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-2748581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVINGSTONE, RONALD
1778 PARK AVENUE NORTH
SUITE 111
MAITLAND, FL 32751 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: DP () Delete
Name: LIVINGSTONE, RONALD,
Address: 1778 PARK AVENUE N., SUITE 111
City-St-Zip: MAITLAND, FL 32751

Title: DST () Delete
Name: LIVINGSTONE, SUSAN J, .
Address: 1778 PARK AVENUE N., SUITE 111
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: BEASLEY, DAVID L
Address: 309 BALFOUR DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V () Delete
Name: LIVINGSTONE, AVRI L
Address: 1578 WESCOTT LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LIVINGSTONE, RONALD,
Address: 1778 PARK AVENUE N., SUITE 111
City-St-Zip: MAITLAND, FL 32751

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: BEASLEY, DAVID L
Address: 309 BALFOUR DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DV (X) Change () Addition
Name: LIVINGSTONE, AVRI L
Address: 1578 WESCOTT LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

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: AVRI LIVINGSTONE

DV

02/07/2007

Electronic Signature of Signing Officer or Director

_____ Date