

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112111

FILED  
Apr 23, 2005  
Secretary of State

Entity Name: RECOVERY CONSULTANTS, INC.

**Current Principal Place of Business:**

10316 LOLLIPOP LANE  
ORLANDO, FL 32821

**New Principal Place of Business:**

**Current Mailing Address:**

10316 LOLLIPOP LANE  
ORLANDO, FL 32821

**New Mailing Address:**

FEI Number: 33-1035507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOLZENBERG, KEITH H ESQ.  
1401 BRICKELL AVE., STE. 825  
MIAMI, FL 33131 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: PD ( ) Delete  
Name: COHEN, STEVEN  
Address: 10316 LOLLIPOP LANE  
City-St-Zip: ORLANDO, FL 32821

Title: VTSD ( ) Delete  
Name: CICERONE, LOUIS R  
Address: 3295 RIDGEWOOD RD.  
City-St-Zip: ATLANTA, GA 30327

**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 Section 119.07(3)(i), 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: LOUIS R CICEREONE

VTSD

04/23/2005

Electronic Signature of Signing Officer or Director

Date