2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2007
Secretary of State

DOCUMENT# P02000112111

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: 4355 COBB PKWY #J325
City-St-Zip: ATLANTA, GA 30339

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: LOUIS R. CICERONE VTSD 03/10/2007

Electronic Signature of Signing Officer or Director — Date