2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007
Secretary of State

DOCUMENT# P02000117290

Entity Name: SOUTHWEST RECOVERY, INC.

Current Principal Place of Business:

3061 CARDIFF STREET
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

3061 CARDIFF STREET
PUNTA GORDA, FL 33983

New Mailing Address:

FEI Number: 06-1656699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KORSZEN, DOROTHY
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

SCHEELE, BARBARA D
3061 CARDIFF ST
PUNTA GORDA, FL 33983 US

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: BARBARA D. SCHEELE 03/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete
Name: ALVAREZ, WILLIAM V
Address: 3061 CARDIFF STREET
City-St-Zip: PUNTA GORDA, FL 33983

Title: T (X) Delete
Name: ALVAREZ, WILLIAM V
Address: 3061 CARDIFF STREET
City-St-Zip: PUNTA GORDA, FL 33983

Title: PD (X) Delete
Name: ALVAREZ, WILLIAM V
Address: 3061 CARDIFF STREET
City-St-Zip: PUNTA GORDA, FL 33983

Title: VPTD ( ) Delete
Name: SCHEELE, BARBARA
Address: 1214 BOB WHITE COURT
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD (X) Delete
Name: LIGHTHALL, DAVID
Address: 80 TOCOPILLA ST
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALVAREZ, WILLIAM V
Address: 3061 CARDIFF STREET
City-St-Zip: PUNTA GORDA, FL 33983

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

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

Title: VP (X) Change ( ) Addition
Name: SCHEELE, BARBARA
Address: 1214 BOB WHITE COURT
City-St-Zip: PUNTA GORDA, FL 33950

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: BARBARA D. SCHEELE VP 03/23/2007
Electronic Signature of Signing Officer or Director Date