2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000014175

FILED Feb 27, 2009 Secretary of State

Entity Name: FLORIDA DISASTER RECOVERY & RESTORATION SERVICES, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	ORTUNITY CT NA, FL 32119	-STEE&F					
Current Mailing Address:			New Maili	New Mailing Address:			
P.O. BOX 4 TULSA, OH							
FEI Number:	76-0848443	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desir	ed ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 SOU	ORATION SYS TH PINE ISLA ON, FL 33324	ND ROAD					
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent	, or both,	
SIGNATUF	RE:						
	Electror	nic Signature of Registered Age	ent	Date			
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () ABBE, DAVID 500 W QUANAI BROKEN ARRO		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	GREGORY,	RTUNITY CT - STE F		

I hereby certify that the information supplied with this filing does not qualify 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: DAVID ABBE P 0	2/27/2009
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