2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011059

Entity Name: PALM BEACH RECOVERY COALITION INC.

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14434 PADDOCK DRIVE 311 N. FEDERAL HIGHWAY WELLINGTON, FL 33414

LAKE WORTH, FL 33460

Current Mailing Address: New Mailing Address:

14434 PADDOCK DRIVE 311 N. FEDERAL HIGHWAY WELLINGTON, FL 33414

LAKE WORTH, FL 33460

FEI Number: 51-0608130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SKOLNICK, GRANT J ESQ. SKOLNICK, GRANT J ESQ. 14434 PADDOCK DRIVE 1066 SW 26TH AVE

WELLINGTON, FL 33414 US BOYNTON BEACH, FL 33426 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: 03/02/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CFO (X) Change () Addition () Delete

SKOLNICK, GRANT SKOLNICK, GRANT Name: Name: 14434 PADDOCK DRIVE Address: 1066 SW 26TH AVE. Address:

City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: BOYNTON BEACH, FL 33426

Title: CEPD () Delete Title: CEO (X) Change () Addition

Name: SKOLNICK, ANDREW Name: SKOLNICK, GAIL Address: 14434 PADDOCK DRIVE Address: 311 N. FEDERAL HIGHWAY, #1

City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: LAKE WORTH, FL 33460

Title: (X) Delete Title: () Change () Addition

SKOLNICK, GAIL Name: Name: 14434 PADDOCK DRIVE Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRANT J. SKOLNICK, ESQ. **CFO** 03/02/2009