2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 497362

Entity Name: INSURANCE RECOVERY SPECIALISTS, INC.

FILED Apr 14, 2009 Secretary of State

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

 10218 NW 47TH STREET
 4696 NW 103RD STREET

 SUNRISE, FL 33351
 US

 SUNRISE, FL 33351
 US

Current Mailing Address: New Mailing Address:

 10218 NW 47TH STREET
 4696 NW 103RD STREET

 SUNRISE, FL 33351 US
 SUNRISE, FL 33351 US

FEI Number: 59-1677322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MORAITIS, ROBERT 1031 SE THIRD AVE

FT LAUDERDALE, FL 33316 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: BRUNETTO, THERESA DP (X) Change () Addition Name: BRUNETTO, THERESA

 Name:
 BRUNETTO, THERESA
 Name:
 BRUNETTO, THERES/

 Address:
 10218 NW 47TH STREET
 Address:
 4696 NW 103RD AVE

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:
 SUNRISE, FL 33351

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

 Name:
 BRUNETTO, THERESA
 Name:
 BRUNETTO, THERESA

 Address:
 10218 NW 47TH STREET
 Address:
 4696 NW 103RD AVE

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:
 SUNRISE, FL 33351

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: THERESA BRUNETTO PD 04/14/2009