

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003368

FILED  
Jul 18, 2005  
Secretary of State

Entity Name: AMERICAN RECOVERY SPECIALISTS OF BOSTON, INC.

## Current Principal Place of Business:

PO BOX 22991  
FORT LAUDERDALE, FL 33335

## New Principal Place of Business:

PO BOX 50071  
LIGHTHOUSE POINT, FL 33074

## Current Mailing Address:

PO BOX 22991  
FORT LAUDERDALE, FL 33335

## New Mailing Address:

PO BOX 50071  
LIGHTHOUSE POINT, FL 33074

FEI Number: 65-0414090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMUELS, HARRY M  
3143 ARBOR LANE  
HOLLYWOOD, FL 33021 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: MULIOLIS, RONALD M  
Address: 4041 N.E. 31ST AVENUE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D ( ) Delete  
Name: SAMUELS, HARRY M  
Address: 3143 ARBOR LANE  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MULIOLIS, RONALD M  
Address: 4041 N.E. 31ST AVENUE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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 Section 119.07(3)(i), 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: RONALD MULIOLIS

PD

07/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date