

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003368

FILED
Apr 23, 2007
Secretary of State

Entity Name: AMERICAN RECOVERY SPECIALISTS OF BOSTON, INC.

Current Principal Place of Business:

PO BOX 50071
LIGHTHOUSE POINT, FL 33074

New Principal Place of Business:

3650 N. FEDERAL HIGHWAY
SUITE 206
LIGHTHOUSE POINT, FL 33074

Current Mailing Address:

PO BOX 50071
LIGHTHOUSE POINT, FL 33074

New Mailing Address:

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
2901 STIRLING RD
SUITE 307
FORT LAUDERDALE, FL 33312 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: SAMUELS, HARRY M
Address: 2901 STIRLING RD #307
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RONALD KEYS

PRES

04/23/2007

Electronic Signature of Signing Officer or Director

Date