2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# F02000006348

Entity Name: NCS RECOVERY CORP.

Current Principal Place of Business:

5975 CATTLEMEN LANE
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 50276
SARASOTA, FL 342320302

New Mailing Address:

FEI Number: 22-3189546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HODGES, AVRUTIS & FOELLER, PA
HODGES, AVRUTIS & FOELLER, P.A.
889 N. WASHINGTON BOULEVARD
SARASOTA, FL 34236 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: CD ( ) Delete
Name: EBOLI, XAVIER
Address: 890 MACAW CIRCLE
City-St-Zip: VENICE, FL 34292

Title: PD ( ) Delete
Name: EBOLI, THOMAS M
Address: 4668 CENTER GATE BLVD
City-St-Zip: SARASOTA, FL 34233

Title: V ( ) Delete
Name: EBOLI, MICHAEL S
Address: 1102 E. SKLAR DRIVE
City-St-Zip: VENICE, FL 34298

Title: V ( ) Delete
Name: EBOLI, PHILIP J
Address: 7397 FEATHERSTONE BOULEVARD
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: THOMAS M EBOLI PD 01/09/2008

Electronic Signature of Signing Officer or Director — Date