2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# F03000000339

Entity Name: BENEFIT RECOVERY SPECIALISTS, INC.

Current Principal Place of Business:

340 MAGNOLIA AVE, BLDG 1467
TYNDALL AFB, FL 32403

New Principal Place of Business:

Current Mailing Address:

1111 NORTH LOOP WEST
SUITE 1000
HOUSTON, TX 77008

New Mailing Address:

FEI Number: 76-0380233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAROCHE, DELIA
340 MAGNOLIA AVE, BLDG 1467
TYNDALL AFB, FL 32403 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: CEO ( ) Delete
Name: STEGMAN, ANTHONY J
Address: 1111 N. LOOP WEST, STE 1000
City-St-Zip: HOUSTON, TX 77008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANTHONY J. STEGMAN CEO 04/14/2009

Electronic Signature of Signing Officer or Director — Date