


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000003999</b> 1. Entity Name <b>ELITE RECOVERY SERVICES, INC.</b>	
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Principal Place of Business <b>701 SENECA STREET 4TH FLOOR BUFFALO, NY 14210</b>	Mailing Address <b>701 SENECA STREET 4TH FLOOR BUFFALO, NY 14210</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000344675 04/30/05-80004-024 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NIEDZIALOWSKI, PAUL 701 SENECA STREET 4TH FLOOR BUFFALO, NY 14210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD CORICA, RICHARD 701 SENECA STREET 4TH FLOOR BUFFALO, NY 14210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEBBINGTON, ANDREW ONE UTAH CENTER STE. 1400 SALT LAKE CITY, UT 84111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Richard Corica RICHARD CORICA - VICE PRESIDENT 4/26/05 (716) 276-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #