

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003999

FILED
Apr 18, 2007
Secretary of State

Entity Name: ELITE RECOVERY SERVICES, INC.

Current Principal Place of Business:

255 GREAT ARROW AVENUE
2ND FLOOR, SUITE 15
BUFFALO, NY 14207

New Principal Place of Business:

Current Mailing Address:

255 GREAT ARROW AVENUE
2ND FLOOR, SUITE 15
BUFFALO, NY 14207

New Mailing Address:

FEI Number: 41-2068280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PTD () Delete
Name: NIEDZIALOWSKI, PAUL
Address: 255 GREAT ARROW AVE
City-St-Zip: BUFFALO, NY 14207

Title: VPSD () Delete
Name: CORICA, RICHARD
Address: 255 GREAT ARROW AVE
City-St-Zip: BUFFALO, NY 14207

Title: D () Delete
Name: BEBBINGTON, ANDREW
Address: ONE UTAH CENTER STE. 1400
City-St-Zip: SALT LAKE CITY, UT 84111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BEBBINGTON, ANDREW
Address: 4035 REYNOLDS BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: PAUL NIEDZIALOWSKI

PTD

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date