2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F04000004687

1. Entity Name
FEDERAL ASSET RECOVERY SERVICES, INC

Principal Place of Business	Mailing Address
1990 N.W. 44TH STREET	1990 N.W. 44TH STREET
POMPANO BEACH, FL 33064	POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

01102007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
14-1855037		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GERHOFF, JEFFREY
233 S.E. 21ST AVE., UNIT 101
DEERFIELD BEACH, FL 33441

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	GERHOFF, JEFFREY
STREET ADDRESS	233 S.E. 21 ST AVE., UNIT 101
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	V
NAME	GLALSS, RAYMOND MAURY
STREET ADDRESS	LYNDHURST H 2003
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	STD
NAME	GERHOFF, JAMES
STREET ADDRESS	6507 MARBLETREE LANE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/07-80023-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _James Gerhoff_   1/12/07   954-984-9499

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