


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90045 001 ***158.75

DOCUMENT # F05000000989	
1. Entity Name CONTINENTAL RECOVERY SERVICES CORP.	

Principal Place of Business 2051 ROYAL AVE SIMI VALLEY, CA 93065	Mailing Address 2051 ROYAL AVE SIMI VALLEY, CA 93065
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0296916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TERRY, ANTHONY PAUL 2051 ROYAL AVE SIMI VALLEY, CA 93065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, DONALD 2051 ROYAL AVE SIMI VALLEY, CA 93065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, PHILLIP 2051 ROYAL AVE SIMI VALLEY, CA 93065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, ROBERT P 2051 ROYAL AVE SIMI VALLEY, CA 93065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bruce Singer 2051 Royal Ave Simi Valley, CA 93065
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 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: Anthony Terry 1-10-08 805-522-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #