2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2010
Secretary of State

DOCUMENT# F07000005328

Entity Name: LAWYERS' RECOVERY SERVICE, INC.

Current Principal Place of Business:

555 BROAD HOLLOW RD
SUITE 214
MELVILLE, NY 11747

New Principal Place of Business:

Current Mailing Address:

4940 MERRICK RD
SUITE 311
MASSAPEQUA PAYK, NY 11762

New Mailing Address:

FEI Number: 11-3193395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOEN, MICHAEL
851 BAY WAY BLVD UNIT 407
CLEARWATER BEACH, FL 33767 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

OFFICERS AND DIRECTORS:

Title: CPT
Name: OLSEN, SCOTT
Address: 10 DELTA RD
City-St-Zip: MASSAPEGUA, NY 11758

Title: DVS
Name: SCHOEN, MICHAEL
Address: 851 BAY WAY BLVD UNIT 407
City-St-Zip: CLEARWATER BEACH, FL 33767

I hereby 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 all other like empowered.

SIGNATURE: SCOTT OLSEN PRES 06/16/2010

Electronic Signature of Signing Officer or Director Date