

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005794

FILED
Jan 06, 2005
Secretary of State

Entity Name: AMERICAN RECOVERY SERVICE INCORPORATED OF CALIFORNIA

Current Principal Place of Business:

555 ST. CHARLES DR.
100
THOUSAND OAKS, CA 91360

New Principal Place of Business:

Current Mailing Address:

555 ST. CHARLES DR.
100
THOUSAND OAKS, CA 91360

New Mailing Address:

FEI Number: 95-4080279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES INC.
526 E PARK AVE
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: CPD () Delete
Name: BAXTER, THOMAS C
Address: 555 ST. CHARLES DR., STE 100
City-St-Zip: THOUSAND OAKS, CA 91360

Title: VSTD () Delete
Name: BERKE, MICHAEL N
Address: 555 ST. CHARLES DR., STE 100
City-St-Zip: THOUSAND OAKS, CA 91360

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS C. BAXTER

CPD

01/06/2005

Electronic Signature of Signing Officer or Director

Date