2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L05000036924

Entity Name: AXIOM RECOVERY SERVICES, LLC

Current Principal Place of Business:

2935 1ST AVE N
SUITE 5
ST. PETERSBURG, FL 33713

New Principal Place of Business:

6749 29TH ST S
ST. PETERSBURG, FL 33712

Current Mailing Address:

2935 1ST AVE N
SUITE 5
ST. PETERSBURG, FL 33713

New Mailing Address:

PO BOX 12684
ST. PETERSBURG, FL 33733

FEI Number: 20-4224742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HINES, JAMES P
315 SOUTH HYDE PARK AVE
TAMPA, FL 33606 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: INTERIM INVESTMENTS,, INC.
Address: 2935 1ST AVE N SUITE 5
City-St-Zip: SAINT PETERSBURG, FL 33713

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: W.I.R.E. HOLDINGS, L, LC
Address: 6749 29TH ST S
City-St-Zip: SAINT PETERSBURG, FL 33712

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LARRY WILLIAMS PRES 04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date