2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057455

Address:

City-St-Zip:

Entity Name: DISASTER RECOVERY CONSULTANTS, LLC

FILED Sep 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2982 NEEL RD 8875 HIDDEN RIVER PARKWAY GRAND RIDGE, FL 32442 SUITE 300 US TAMPA, FL 33637 **Current Mailing Address:** New Mailing Address: 201 ST. CHARLES AVENUE 2982 NEEL RD SUITE 114-382 GRAND RIDGE, FL 32442 US NEW ORLEANS, LA 70170 US FEI Number: 20-5095487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 336123425 US 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: ADDITIONS/CHANGES: MGR Title: (X) Change () Addition () Delete BELOAT, PETE COMPREHENSIVE EMERGE, NCY MANAGEMENT Name: Name: **2982 NEEL RD** Address: 664 WOODROW AVENUE Address: City-St-Zip: GRAUD RIDGE, FL 32442 US City-St-Zip: BEAUMONT, TX 77705 US (X) Change () Addition Title: MGR Title: MGRM () Delete NORMAN, JOSHUA Name: VIRTUS ENTERPRISES L, LC Name: Address: 1101 WHEELIS RD Address: 140 GLENHILL DRIVE City-St-Zip: WYLIE, TX 75098 City-St-Zip: HOUMA, LA 70363 Title: () Delete Title: MGRM () Change (X) Addition RESILIRE GROUP LLC, Name: Name: 1101 WHEELIS ROAD Address: Address: City-St-Zip: City-St-Zip: WYLIE, TX 75098 Title: () Delete Title: MGRM () Change (X) Addition Name: Name: S. PERRY LLC, 7104 NORTHLAKE DRIVE Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, AR 72076 Title: () Delete Title: () Change (X) Addition ALAN WARDLAW ENTERPR, ISES LLC Name: Name:

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.

Address:

City-St-Zip:

926 SOUTH 27TH STREET

ARKADELPHIA, AR 71923

SIGNATURE: NICOLE GIROIR MGR 09/26/2008