2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: HORN DISASTER RECOVERY SERVICES, LLC.

Current Principal Place of Business:

405 S. DALE MABRY HWY.
#222
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

405 S. DALE MABRY HWY.
#222
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 13-4366479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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
Name: HORN, ADAM
Address: 405 S. DALE MABRY HWY. #222
City-St-Zip: TAMPA, FL 33609 US

Title: MGRM
Name: HORN, TONY
Address: 405 S. DALE MABRY HWY. #222
City-St-Zip: TAMPA, FL 33609 US

I hereby 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 Statues.

SIGNATURE: ADAM HORN MGR 03/07/2011

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