

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L78429

FILED
May 02, 2006
Secretary of State

Entity Name: RECOVERY ASSOCIATES, INC.

Current Principal Place of Business:

8241 SOUTH US 1
SUITE 202
PORT ST LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

8241 SOUTH US 1
SUITE 202
PORT ST LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 65-0200739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOHL, GORDON
8241 SOUTH US 1
STE 202
PT. ST. LUCIE, FL 34952 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: PT () Delete
Name: BOHL, GORDON,
Address: 8241 SOUTH US 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VPD () Delete
Name: VERFAILLIE, ROLAND
Address: 8241 SOUTH US 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PD () Delete
Name: LINTON, IRENE
Address: 8241 SOUTH US 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: PD () Change (X) Addition
Name: BENNETT, ELIZABETH
Address: 8241 S US 1
City-St-Zip: PORT ST LUCIE, FL 34952 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GORDON G BOHL

PRES

05/02/2006

Electronic Signature of Signing Officer or Director

_____ Date