2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# M03000000181

Entity Name: A.R.C ACCOUNTS RECOVERY (U.S.A.) CORPORATION LLC

Current Principal Place of Business:

4240 GLANFORD AVE
VICTORIA, CANADA, BC V8Z 4B8 XX

New Principal Place of Business:

Current Mailing Address:

4240 GLANFORD AVE
100
VICTORIA, CANADA, BC V8Z 0A1 XX

New Mailing Address:

FEI Number: 98-0377553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES
155 OFFICE PLAZA DR
SUITE A
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

MANAGING MEMBERS/MANAGERS:

Title:	MEMB	( ) Delete
Name:	POLARD, JOSEPH M MANAGER	
Address:	4240 GLANFORD AVE, SUITE 100	
City-St-Zip:	VICTORIA, B.C., CANADA, BC V8Z 0A1	
Title:	MEMB	( ) Delete
Name:	POLARD, MAURICE J PRESIDE	
Address:	4240 GLANFORD AVE, SUITE 100	
City-St-Zip:	VICTORIA, BC, CANADA, BC V8Z 0A1	
Title:	MEMB	( ) Delete
Name:	LUNDSTROM, KAREN J TREASUR	
Address:	4240 GLANFORD AVE, SUITE 100	
City-St-Zip:	VICTORIA, B.C., CANADA, BC V8Z 0A1	
Title:	MEMB	( ) Delete
Name:	MACDONALD, MICHELLE L SECRETA	
Address:	4240 GLANFORD AVE, SUITE 100	
City-St-Zip:	VICTORIA, B.C., CANADA, BC V8Z 0A1	

ADDITIONS/CHANGES:

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

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: MICHELLE MACDONALD MEMB 03/23/2009

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