## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M73196

FILED Jan 18, 2006 Secretary of State

Entity Name: THE RECOVERY ROOM OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:			New Principal Place of Business:	
4765 S. SEMORAN BLVD. DRLANDO, FL 32822			3941 W. STATE ROAD 46 SANFORD, FL 32771	
Current M	lailing Addres:	s:	New Maili	ng Address:
	EMORAN BLVD ), FL 32822	l.		TATE ROAD 46 ), FL 32771
El Number	: 59-2894592	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
1628 ĆON	EORGE W IWAY ISLE CIR D, FL 32809	us		
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing	ts registered office or registered agent, or bo
	e of Florida.	ubmits this statement for the p	ourpose of changing	ts registered office or registered agent, or bo
n the State	e of Florida. RE:	ubmits this statement for the p		ts registered office or registered agent, or bo Date
n the State	e of Florida.  RE: Electroni	·		
n the State	e of Florida.  RE: Electroni	c Signature of Registered Age Trust Fund Contribution ( ).	ent	
n the State	e of Florida.  RE: Electroni  mpaign Financing  S AND DIRECT	c Signature of Registered Age  Trust Fund Contribution ( ).  ORS:  Delete E.W., ISLE CIR	ent	Date
n the State BIGNATUI Election Car DFFICER: Title: Name: Address:	e of Florida.  RE:  Electroni  mpaign Financing  S AND DIRECT  P ()  TORN, GEORGE 1628 CONWAY  ORLANDO, FL	c Signature of Registered Age  Trust Fund Contribution ( ).  ORS:  Delete E.W., ISLE CIR	ADDITION Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECT

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: GEORGE W. TORN P 01/18/2006