2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# N02000005517

Entity Name: RECOVERY CIRCLES FOUNDATION, INC.

Current Principal Place of Business:

26210 WOODLYNN DRIVE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

26210 WOODLYNN DRIVE
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 32-0022237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FORD, WILLIAM SEAN
Address: 31420 AMARANTH ROAD
City-St-Zip: WICKENBURG, AZ 85390

Title: D ( ) Delete
Name: FORD, DEBORAH
Address: 31420 AMARANTH ROAD
City-St-Zip: WICKENBERG, AZ 85390

Title: D ( ) Delete
Name: DE LORDO, ELLEN
Address: 811 MAPLE
City-St-Zip: DOWNERS GROVE, IL 60515

Title: D ( ) Delete
Name: HOTTINGER, PAUL
Address: 4828 HIGHLAND AVENUE
City-St-Zip: DOWNERS GROVE, IL 60515

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM SEAN FORD D 05/05/2005

Electronic Signature of Signing Officer or Director — Date