


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90061 033 \*\*\*\*61.25

<b>DOCUMENT # N02000009962</b> 1. Entity Name METRO ORLANDO RECOVERY RESIDENCES, INC.			
Principal Place of Business 254 SOUTH C.R. 427 STE. 229 LONGWOOD, FL 32750		Mailing Address PO BOX 181268 CASSELBERRY, FL 32718	
2. Principal Place of Business - No P.O. Box # <b>600 NORTH HWY 17-92</b>		3. Mailing Address <b>671 SEMINOLA BLVD</b>	
Suite, Apt. #, etc. <b>Suite 122</b>		Suite, Apt. #, etc. 	
City & State <b>LONGWOOD, FL</b>		City & State <b>CASSELBERRY, FL</b>	
Zip <b>32750</b>		Zip <b>32707</b>	
Country <b>SEMINOLE</b>		Country <b>SEMINOLE</b>	
6. Name and Address of Current Registered Agent  KRAMER, MICHAEL A 254 S.C.R. 429 STE. 229 LONGWOOD, FL 32750		7. Name and Address of New Registered Agent Name <b>MICHAEL A. KRAMER</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 NORTH HWY - 17-92</b> <b>Suite 122</b> City <b>LONGWOOD, FL</b> Zip Code <b>32750</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KRAMER, MICHAEL A 254 S.C.R. 427, STE. 229 LONGWOOD, FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>600 NORTH HWY 17-92</b> <b>Suite 122</b> <b>LONGWOOD, FL 32750</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOLAN, ROBERT 254 S.C.R. 427, STE. 229 LONGWOOD, FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>600 NORTH HWY 17-92</b> <b>Suite 122</b> <b>LONGWOOD, FL 32750</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRANER, STEVEN 254 S.C.R. 427, STE. 229 LONGWOOD, FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>600 NORTH HWY 17-92</b> <b>Suite 122</b> <b>LONGWOOD, FL 32750</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <u>MICHAEL A. KRAMER</u> <b>4/9/08 407-332-9918</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			