2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# N06000000004

Entity Name: NATIONAL RECOVERY AND RELIEF CORP

Current Principal Place of Business:

4951 SOUTH US 1
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

1018 SOUTH 7TH STREET
FOET PIERCE, FL 34950

New Mailing Address:

FEI Number: 20-4009987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, AL
2057 SOUTH US 1
FORT PIERCE, FL 34950 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: P ( ) Delete
Name: HERNANDEZ, OLIVIA G
Address: 1018 SOUTH 7TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: VP ( ) Delete
Name: REYES, JOSELUIS
Address: 1110 CHIPOLA ROAD
City-St-Zip: FORT PIERCE, FL 34950

Title: SEC ( ) Delete
Name: RUIZ, JUANA
Address: 1810 PASEO AVE.
City-St-Zip: FORT PIERCE, FL 34982

Title: TREA ( ) Delete
Name: JOHNSON, AL
Address: 2057 SOUTH US 1
City-St-Zip: FORT PIERCE, FL 34950

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVIA HERNANDEZ P 02/15/2006

Electronic Signature of Signing Officer or Director — Date