



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000004532						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 37 SEP 18 PM 1:22																									
1. Entity Name FLORIDA ASSOCIATION OF JUDGMENT RECOVERY SPECIALISTS, INC.				Principal Place of Business PO DRAWER 15588 TALLAHASSEE, FL 32317-5588																											
Mailing Address PO DRAWER 15588 TALLAHASSEE, FL 32317-5588																															
2. Principal Place of Business - No P.O. Box # 2815 Remington Green Circle Suite, Apt. #, etc. Suite 200 City & State Tall FL Zip 32308 Country US		3. Mailing Address Suite, Apt. #, etc. [Handwritten: 2nd fl] City & State Zip Country		07132007 Chg-NP CR2E037 (12/06)		4. FEI Number 20-4941456																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MINNICK, JOHN A ESQ THE MINNICK LAW FIRM 3146 CAPITAL CIRCLE NE UNIT 10 TALLAHASSEE, FL 32308 2815 Remington Green Circle Address change only		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 [Signature] Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																									
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																											
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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.																															
SIGNATURE: [Signature] Secretary Treasurer 9/14/07 850 356 9444 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																															