

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008472

FILED
Feb 12, 2008
Secretary of State

Entity Name: FUTURE RECOVERY SOLUTIONS TODAY INC

Current Principal Place of Business:

941 NE 19TH AVENUE
SUITE 308
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

941 NE 19TH AVENUE
SUITE 308
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHECKMARK SERVICES, INC
3499 NE 12TH TERRACE
OAKLAND PARK, FL 33334 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: BRUNO, JULIE D
Address: 941 NE 19TH AVENUE, STE 308
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: VP () Delete
Name: ALAZRACHI, NATALIE
Address: 941 NE 19TH AVENUE, STE 308
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: S () Delete
Name: SULLIVAN, NANCY
Address: 941 NE 19TH AVENUE, STE 308
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: T () Delete
Name: SADOVNIK, JESSY
Address: 941 NE 19TH AVENUE, STE 308
City-St-Zip: FORT LAUDERDALE, FL 33304 US

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 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: JESSY SADOVNIK

T

02/12/2008

Electronic Signature of Signing Officer or Director

Date