

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000245

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** THE SOLUTION RECOVERY FOUNDATION, INC.

**Current Principal Place of Business:**

2303 HOLLYWOOD BLVD  
SUITE 8  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2303 HOLLYWOOD BLVD  
SUITE 8  
HOLLYWOOD, FL 33020

**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:**

LAW OFFICE OF JEFFREY R. EISENSMITH, P.A.  
5561 UNIVERSITY DRIVE  
103  
CORAL SPRINGS, FL 33067 US

**Name and Address of New Registered Agent:**

PALERMO, SALVATORE  
2303 HOLLYWOOD BLVD  
8  
HOLLYWOOD, FL 33020 US

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: SALVATORE PALERMO

03/31/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PELLERITO, ANTONINO  
Address: 2303 HOLLYWOOD BLVD, SUITE 8  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Delete  
Name: PELLERITO, PAUL  
Address: 2303 HOLLYWOOD BLVD, SUITE 8  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Delete  
Name: POUEY, ANDREA  
Address: 2303 HOLLYWOOD BLVD, SUITE 8  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Delete  
Name: MANNING, WILLIAM  
Address: 2303 HOLLYWOOD BLVD, SUITE 8  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Delete  
Name: ORTIZ, JESUS D  
Address: 2303 HOLLYWOOD BLVD, SUITE 8  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Delete  
Name: MENDEZ, LILIANA  
Address: 2303 HOLLYWOOD BLVD, SUITE 8  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PALERMO, SALVATORE  
Address: 2303 HOLLYWOOD BLVD, SUITE 8  
City-St-Zip: HOLLYWOOD, FL 33020

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:

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: SALVATORE PALERMO

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date