2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N08000004687

Entity Name: STEP BY STEP RECOVERY, INC.

Current Principal Place of Business:

10425 SOARING EAGLE DRIVE
RIVERVIEW, FL 33578

New Principal Place of Business:

Current Mailing Address:

10425 SOARING EAGLE DRIVE
RIVERVIEW, FL 33578

New Mailing Address:

FEI Number: 26-2663839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEFFREY A. DOWD, P.A.
609 WEST LUMSDEN
BRANDON, FL 33511 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: PTD ( ) Delete
Name: COLLINS, CHERYL
Address: 10425 SOARING EAGLE DRIVE
City-St-Zip: RIVERVIEW, FL 33578

Title: S ( ) Delete
Name: BERGMAN, JOEL
Address: 10425 SOARING EAGLE DRIVE
City-St-Zip: RIVERVIEW, FL 33578

Title: D ( ) Delete
Name: FRASCELLA, ROBERT
Address: 10425 SOARING EAGLE DRIVE
City-St-Zip: RIVERVIEW, FL 33578

Title: D ( ) Delete
Name: MCGEE, GINGER
Address: 10425 SOARING EAGLE DRIVE
City-St-Zip: RIVERVIEW, FL 33578

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: D (X) Change ( ) Addition
Name: MCGEHEE, GINGER
Address: 10425 SOARING EAGLE DRIVE
City-St-Zip: RIVERVIEW, FL 33578

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: CHERYL J. COLLINS PTD 04/10/2009

Electronic Signature of Signing Officer or Director — Date