2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005653

FILED Jul 13, 2006 Secretary of State

Certificate of Status Desired ()

Entity Name: THE 7TH AVENUE RECOVERY CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

16 NE 4TH ST. 25 NW 7 AVENUE

SUITE 100 FORT LAUDERDALE, FL 33311

FORT LAUDERDALE, FL 33301

Current Mailing Address: New Mailing Address:

16 NE 4TH ST. 25 NW 7 AVENUE

SUITE 100 FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33301

FEI Number: 31-1693350 FEI Number Applied For () FEI Number Not Applicable ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MOORE, MATHIS
16 NE 4 STREET. #100

MOORE, MATHIS
25 NW 7 AVENUE

FORT LAUDERDALE, FL 33301 US FORT LAUDERDALE, FL 33311 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: MATHIS MOORE 07/13/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 MOORE, MATHIS
 Name:
 MOORE, MATHIS

 Address:
 16 NE 4TH STREET, #100
 Address:
 25 NW 7 AVENUE

City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: FORT LAUDERDALE, FL 33311

Title: CCD () Delete Title: () Change () Addition

 Name:
 BLANTON, MITCHELL D
 Name:

 Address:
 1779 LAUDERDALE MANOR DRIVE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33311
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 VAUGHN, CLARENCE
 Name:

 Address:
 1617 NORTHWEST 7 PLACE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33311
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 ALEXANDER, OCTAVE
 Name:

 Address:
 1139 ALABAMA AVENUE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33311
 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: MATHIS MOORE PD 07/13/2006