


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90018 050 \*\*\*150.00

<b>DOCUMENT # P00000018953</b>	
1. Entity Name <b>FILERECOVERY.COM, INC.</b>	

Principal Place of Business <b>28100 US HWY 19 NORTH SUITE 203 CLEARWATER, FL 33761 US</b>	Mailing Address <b>28100 US HWY 19 NORTH SUITE 203 CLEARWATER, FL 33761 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40034020



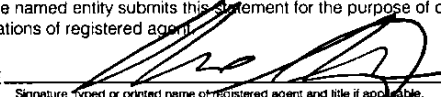
02222008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3635813</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>JENNINGS, THOMAS C III 703 COURT STREET CLEARWATER, FL 33756-5507</b>
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7. Name and Address of New Registered Agent Name <b>JENNINGS THOMAS C III</b> Street Address (P.O. Box Number is Not Acceptable) <b>711 PINELLAS STREET</b> City <b>CLEARWATER</b> FL <b>33756</b>
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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  (NOTE: Registered Agent signature required when reinstating) DATE <b>2-22-08</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DAVID, ZIMMERMAN A 2681 RESNIK CIRCLE EAST PALM HARBOR, FL 34683</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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.
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SIGNATURE:  <b>DAVID ZIMMERMAN</b> 2-22-08	Date <b>2-22-08</b>
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727-419-0891