2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# P00000038299

Entity Name: UNIVERSAL RECOVERY SERVICES, INC.

Current Principal Place of Business:

9550 BAY HARBOR TERRACE
SUITE 202
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

9550 BAY HARBOR TERRACE
SUITE 209
BAY HARBOR ISLANDS, FL 33154

Current Mailing Address:

9550 BAY HARBOR TERRACE
SUITE 202
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

9550 BAY HARBOR TERRACE
SUITE 209
BAY HARBOR ISLANDS, FL 33154

FEI Number: 20-0527100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOVAN, JASON R
9550 BAY HARBOR TERRACE
SUITE 202
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

KOVAN, JASON R
9550 BAY HARBOR TERRACE
SUITE 209
BAY HARBOR ISLANDS, FL 33154 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: JASON R. KOVAN 05/02/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PM ( ) Delete
Name: KOVAN, JASON R
Address: 9550 BAY HARBOR TERRACE, STE. 202
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PM (X) Change ( ) Addition
Name: KOVAN, JASON R
Address: 9550 BAY HARBOR TERRACE, STE. 209
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON R. KOVAN PRES 05/02/2005
Electronic Signature of Signing Officer or Director Date