

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90032 018 \*\*\*150.00

20047033



03202005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P00000042028</b> 1. Entity Name <b>RECOVERY INTERESTS, INC.</b>																													
Principal Place of Business <b>816 NW 6TH AVENUE FORT LAUDERDALE, FL 33311 US</b>			Mailing Address <b>PO BOX 170 FORT LAUDERDALE, FL 33311 US</b>																										
2. Principal Place of Business <b>P.O. BOX 23747</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 23747</b> Suite, Apt. #, etc.																											
City & State <b>FT. LAUDERDALE, FL</b> Zip <b>33307</b>		City & State <b>FT. LAUDERDALE, FL</b> Zip <b>33307</b>		4. FEI Number <b>36-4423101</b>																									
Country <b>Broward</b>		Country <b>BROWARD</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>LEB, EDWARD B 816 NW 6TH AVENUE FORT LAUDERDALE, FL 33311</b>																									
7. Name and Address of New Registered Agent Name <b>EDWARD B. LEB</b> Street Address (P.O. Box Number is Not Acceptable) <b>2999 CORAL SHORES DR.</b> City <b>FT. LAUDERDALE</b>				FL Zip Code <b>33026</b>																									
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 <i>Edward B. LEB</i> <b>EDWARD B. LEB</b> <span style="float: right;">4/1/05</span> <small>Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD LEB, EDWARD B</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2701 OCEAN BLVD APT 12C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FORT LAUDERDALE, FL 33308</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PD LEB, EDWARD B	<input type="checkbox"/> Delete	NAME	2701 OCEAN BLVD APT 12C		STREET ADDRESS	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD LEB, EDWARD B</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>2999 CORAL SHORES DR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FT. LAUDERDALE, FL 33026</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PD LEB, EDWARD B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	2999 CORAL SHORES DR.		STREET ADDRESS	FT. LAUDERDALE, FL 33026		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.																													
SIGNATURE: <i>Edward B. LEB</i>			<b>EDWARD B. LEB PRESIDENT</b> <span style="float: right;">4/1/05</span>																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>																										