2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2011
Secretary of State

DOCUMENT# P00000042610

Entity Name: A LENDERS RECOVERY SERVICE INC.

Current Principal Place of Business:

4355 DOW RD.
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 236
MELBOURNE, FL 32902

New Mailing Address:

FEI Number: 59-3641374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RATCLIFFE, TOM
4355 DOW RD.
MELBOURNE, FL 32934 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: PD
Name: RATCLIFFE, BEVERLY
Address: 4355 DOW RD.
City-St-Zip: MELBOURNE, FL 32934

Title: STD
Name: RATCLIFFE, TOMMY
Address: 4355 DOW RD.
City-St-Zip: MELBOURNE, FL 32934

I hereby 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 all other like empowered.

SIGNATURE: BEVERLY RATCLIFFE PD 03/19/2011

Electronic Signature of Signing Officer or Director Date