

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090879

FILED
Apr 28, 2007
Secretary of State

Entity Name: GIFTS OF RECOVERY, INC.

Current Principal Place of Business:

537 E. VENICE AVE
SUITE A
VENICE, FL 34285

New Principal Place of Business:

400 US 41 BYPASS SOUTH
VENICE, FL 34285

Current Mailing Address:

537A EAST VENICE AVE
VENICE, FL 34285

New Mailing Address:

400 US 41 BYPASS SOUTH
VENICE, FL 34285

FEI Number: 65-1143135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UGO, MARYLOU T
1079 OLD ENGLEWOOD RD.
ENGLEWOOD, FL 34223 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: UGO, MARYLOU T
Address: 1079 OLD ENGLEWOOD RD.
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYOU T UGO

PST

04/28/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date