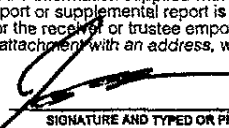


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000047586 1. Entity Name RECOVERY FIRST, INC.		
Principal Place of Business 2701 W OAKLAND PK BLVD 240 FORT LAUDERDALE, FL 33311	Mailing Address 2701 W OAKLAND PK BLVD 240 FORT LAUDERDALE, FL 33311	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DAVIS, JAMES F 520 NORTH VICTORIA PARK ROAD FORT LAUDERDALE, FL 33301		DO NOT WRITE IN THIS SPACE
8. The above named agent writes 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 obligation.		
SIGNATURE: _____ Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000394793 01/26/06-80022-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
D DAVIS, JAMES F 520 NORTH VICTORIA PARK ROAD FORT LAUDERDALE, FL 33301		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/19/06 (804)497-0824 Date Daytime Phone #