

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017069

FILED
Jul 18, 2005
Secretary of State

Entity Name: COST RECOVERY CONSULTANTS, INC.

Current Principal Place of Business:

507 N. NEW YORK AVENUE
SUITE 100
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

507 N. NEW YORK AVENUE
SUITE 100
WINTER PARK, FL 32789

New Mailing Address:

35 CHANNEL CENTER STREET
#211
BOSTON, MA 02210

FEI Number: 20-0118796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES,LLC.
800 N MAGNOLIA AVE STE 1500
ORLANDO, FL 32803 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: D () Delete
Name: BISHOFF, LAURENCE H
Address: PO BOX 308
City-St-Zip: WINTER PARK, FL 32790

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BISHOFF, LAURENCE H
Address: 35 CHANNEL CENTER STREET
City-St-Zip: BOSTON, MA 02210

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: LAURENCE H. BISHOFF

PRES

07/18/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date