

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017069

FILED
May 09, 2007
Secretary of State

Entity Name: COST RECOVERY CONSULTANTS, INC.

Current Principal Place of Business:

11 SOUTH BUMBY ST
SUITE 150
ORLANDO, FL 32803

New Principal Place of Business:

2 PARK PLAZA
SUITE 610
BOSTON, MA 02116

Current Mailing Address:

35 CHANNEL CENTER STREET
#211
BOSTON, MA 02210

New Mailing Address:

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:

REID, JOHN J ESQ
401 NORTH MILLS ST.
SUITE A
ORLANDO, FL 32803 US

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: JOHN J. REID

05/09/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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: LAURENCE H. BISHOFF

PRES

05/09/2007

Electronic Signature of Signing Officer or Director

Date