


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90006 050 ***150.00

DOCUMENT # P03000030591	
1. Entity Name AMERICAN RECOVERY SPECIALISTS OF TAMPA, INC.	

Principal Place of Business 2296 STATE ROAD 84 FT LAUDERDALE, FL 33312	Mailing Address P.O BOX 22991 FT LAUDERDALE, FL 33335
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2. Principal Place of Business P.O. Box 5687	3. Mailing Address P.O. Box 5687
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LIGHTHOUSE POINT, FL	City & State LIGHTHOUSE POINT, FL
Zip 33074	Zip 33074
Country	Country

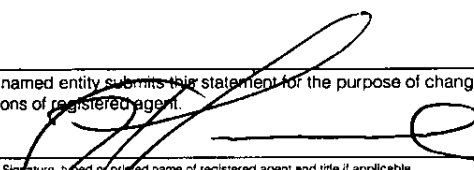


02202006 Chg-P CR2E034 (11/05)

4. FEI Number 06-1683055	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAMUELS, HARRY M 3143 ARBOR LANE HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2901 STIRLING ROAD #307 FT LAUDERDALE FL 33312
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8. 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. I am familiar with, and accept the obligations of registered agent.

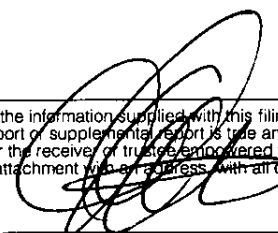
SIGNATURE:  DATE: **2/26/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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:  DATE: **2/26/06** 954-941-3880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR