2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000058889

Entity Name: INSIGHT TO RECOVERY, INC.

FILED Apr 25, 2006 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Place of Business:			
	DERAL HWY S EACH, FL 334		2669 FOREST HILL BOULEVARD SUITE 220 WEST PALM BEACH, FL 33406			
Current Ma	ailing Addres	s:	New Maili	New Mailing Address:		
1030 S FEDERAL HWY STE 120 DELRAY BEACH, FL 33483			SUITE 220	2669 FOREST HILL BOULEVARD SUITE 220 WEST PALM BEACH, FL 33406		
FEI Number: 30-0180275 FEI Number Applied For () FEI Number			ımber Not Appl	mber Not Applicable () Certificate of Status Desired (X)		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	HARVEY D DERAL HWY S EACH, FL 334		BROWN, HARVEY D 2669 FOREST HILL BOULEVARD SUITE 220 WEST PALM BEACH, FL 33406 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:				04/25/2006		
	Electron	ic Signature of Registered Agent			Date	
Election Carr	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BROWN, HARV	ED HWY, STE 120	Title: Name: Address: City-St-Zip:	BROWN, HARVE	LL BOULEVARD, STE. 220	
Title: Name: Address: City-St-Zip:	SUSSMAN, HOV	ED HWY, STE 120	Title: Name: Address: City-St-Zip:	SUSSMAN, HOW	LL BOULEVARD, STE. 220	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	RAPP, JAMES C	ILL BOULEVARD, STE. 220	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	BROWN, JULIÉ A	LL BOULEVARD, STE. 220	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	AMELIA, MARFLE	ILL BOULEVARD, STE. 220	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SHEILA, SUSSMA	ILL BOULEVARD, STE. 220	

I hereby certify that the information supplied with this filing does not qualify for the 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: HARVEY D BROWN P 04/25/2006