

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071990

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: UNITED RECOVERY CONSULTANTS, INC.

## Current Principal Place of Business:

30720 WRENCREST DRIVE  
WESLEY CHAPEL, FL 33543 US

## New Principal Place of Business:

996 LAKE IRENE ROAD  
CASSELBERRY, FL 32707 US

## Current Mailing Address:

PO BOX 16102  
TAMPA, FL 33687 US

## New Mailing Address:

PO BOX 180397  
CASSELBERRY, FL 32718 US

FEI Number: 20-0062857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MISKOWIC, MADELINE A  
30720 WRENCREST DRIVE  
WESLEY CHAPEL, FL 33543 US

## Name and Address of New Registered Agent:

MISKOWIC, MADELINE A  
996 LAKE IRENE ROAD  
CASSELBERRY, FL 32707 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: MADELINE A MISKOWIC

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MISKOWIC, MADELINE A  
Address: 30720 WRENCREST DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: C ( ) Delete  
Name: TREVINO, MARY S  
Address: 30720 WRENCREST DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: VP ( ) Delete  
Name: MISKOWIC, KATHERINE M  
Address: 30720 WRENCREST DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MISKOWIC, MADELINE A  
Address: 996 LAKE IRENE ROAD  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VP (X) Change ( ) Addition  
Name: MISKOWIC, KATHERINE M  
Address: 30720 WRENCREST DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: VP (X) Change ( ) Addition  
Name: MEYER, MICHAEL A DO  
Address: 996 LAKE IRENE ROAD  
City-St-Zip: CASSELBERRY, FL 32707 US

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: MADELINE A MISKOWIC

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date