## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000071990

996 LAKE IRENE ROAD

CASSELBERRY, FL 32707 US

Address: City-St-Zip:

Entity Name: UNITED RECOVERY CONSULTANTS, INC.

FILED Jul 06, 2008 Secretary of State

| Current Principal Place of Business:          |  |  | New Principal Place                         | of Business:                                 |  |
|---|--|--|---|--|--|
|   | IRENE ROAD<br>ERRY, FL 32707                                 | 7 US   |   |  |  |
| Current Mailing Address:                      |  |  | New Mailing Address                         | New Mailing Address:                         |  |
| PO BOX 1<br>CASSELB                           | 80397<br>ERRY, FL 32718                                      | 3 US   | 996 LAKE IRENE ROA<br>CASSELBERRY, FL 3     |  |  |
| FEI Number:                                   | : 20-0062857   | FEI Number Applied For ( )   | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)            |  |
| Name and Address of Current Registered Agent: |  |  | Name and Address o                          | Name and Address of New Registered Agent:    |  |
| 996 LAKE                                      | 1ADELINE A<br>IRENE ROAD<br>ERRY, FL 32707                   | 'US  |   |  |  |
|   | named entity sule of Florida.                                | bmits this statement for the p                                     | ourpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUR                                      | RE:  |  |   |  |  |
|   |  | Signature of Registered Age  | ent   | Date   |  |
|   |  | ?)(b), F.S., the corporation did no<br>rust Fund Contribution ( ). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                       |  |  | ADDITIONS/CHANGI                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P () D<br>MEYER, MADELIN<br>996 LAKE IRENE<br>CASSELBERRY, I | IE A<br>ROAD   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VP () D<br>MISKOWIC, KATH<br>30720 WRENCRE<br>WESLEY CHAPEI  | IERINE M<br>IST DRIVE  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:                               | VP () D<br>MEYER, MICHAEI                                    |  | Title:<br>Name:                             | ( ) Change ( ) Addition                      |  |

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.

Address:

City-St-Zip:

SIGNATURE: MADELINE A. MEYER PRES 07/06/2008