


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-06-2006 90006 044 ***150.00

DOCUMENT # P03000075279		
1. Entity Name AMERICAN RECOVERY SPECIALISTS OF FLORIDA, INC.		

Principal Place of Business 2296 STATE RD 84 FT LAUDERDALE, FL 33312	Mailing Address 2296 STATE RD 84 FT LAUDERDALE, FL 33312
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2. Principal Place of Business P.O. Box 50071	3. Mailing Address P.O. Box 50071
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State LIGHTHOUSE POINT, FL	City & State LIGHTHOUSE POINT, FL
Zip 33074	Country
Zip 33074	Country



02202006 Chg-P CR2E034 (11/05)

4. FEI Number 56-2376262	Applied For <input type="checkbox"/> Not Applicable
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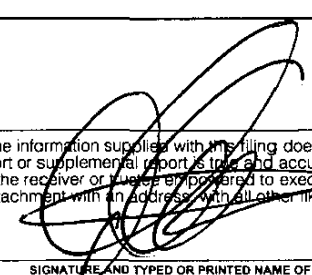
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAMUELS, HARRY M 3143 ARBOR LANE HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2901 STIRLING ROAD # 307 City FT LAUDERDALE FL Zip Code 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	
TITLE P	<input type="checkbox"/> Delete	TITLE PID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MULIOLIS, RONALD M		NAME KEYS, RONALD M	
STREET ADDRESS 4041 NE 31ST AVENUE		STREET ADDRESS 4041 NE 31ST AVENUE	
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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	