

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075279

FILED
Feb 27, 2009
Secretary of State

Entity Name: AMERICAN RECOVERY SPECIALISTS OF FLORIDA, INC.

Current Principal Place of Business:

3650 N FEDERAL HIGHWAY, 206
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

3650 N FEDERAL HIGHWAY
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

P.O. BOX 50071
LIGHTHOUSE POINT, FL 33074

New Mailing Address:

FEI Number: 56-2376262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUELS, HARRY M
2901 STIRLING RD 307
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

SAMUELS, HARRY M
2901 STIRLING RD
307
FT LAUDERDALE, FL 33312 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: HARRY M SAMUELS

02/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEYS, RONALD M
Address: 3650 N FEDERAL HIGHWAY, 206
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KEYS, RONALD M
Address: 3650 N FEDERAL HIGHWAY
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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.

SIGNATURE: HARRY M SAMUELS

RA

02/27/2009

Electronic Signature of Signing Officer or Director

Date