


FILED  
May 29, 2007 8:00 am  
Secretary of State

05-01-2007 90016 013 \*\*\*\*50.00  
05-29-2007 90043 025 \*\*\*100.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P03000089433</b>			
1. Entity Name FIRST STEP TO RECOVERY, INC.			
Principal Place of Business 2531 N.W. 106TH AVENUE CORAL SPRINGS, FL 33065		Mailing Address 2531 N.W. 106TH AVENUE CORAL SPRINGS, FL 33065	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 16-1680609		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPEAR, GARRY R 20797 CABRILLO WAY BOCA RATON, FL 33428		7. Name and Address of New Registered Agent Name <u>Maynard Hellman</u> Street Address (P.O. Box Number is Not Acceptable) <u>4400 Biscayne Blvd. #900</u> City <u>Miami</u> FL <u>33133</u>	
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 <u>[Signature]</u> DATE <u>4/29/07</u> <small>Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TELMOSE, JOANNE 2531 N.W. 106TH AVENUE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or other like empowered.			
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/21/07</u> Daytime Phone # <u>954-489-2580</u>	