
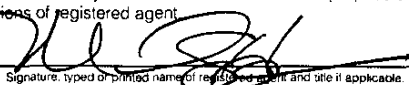
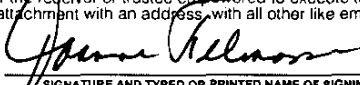


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90378 025 ***150.00

DOCUMENT # P03000089433 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 # 2701 GATEWAY DRIVE Suite, Apt. #, etc.		3. Mailing Address 2701 GATEWAY DRIVE Suite, Apt. #, etc.			
City & State POMPANO BEACH, FL Zip 33069		City & State POMPANO BEACH, FL Zip 33069		4. FEI Number 16-1680609	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELLMAN, MAYNARD 4400 NISCAVNE BLVD. #900 MIAMI, FL 33137				7. Name and Address of New Registered Agent Name HELLMAN, MAYNARD Street Address (P.O. Box Number is Not Acceptable) 2701 GATEWAY DRIVE City POMPANO BEACH FL Zip Code 33069	
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  MAYNARD HELLMAN DATE 4/14/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 TELMOSSSE, JOANNE 2531 N.W. 106TH AVENUE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2701 GATEWAY DRIVE POMPANO BEACH, FL 33069			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  JOANNE TELMOSSSE DATE 4/21/08 DAYTIME PHONE # 9544892580 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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