

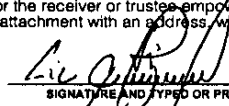


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90273 010 \*\*\*150.00

<b>DOCUMENT # P03000111194</b> 1. Entity Name <b>QUICK RECOVERY GROUP, INC.</b>					
Principal Place of Business <b>8540 N SHERMAN CIRCLE #503</b> <b>MIRAMAR, FL 33025</b>				Mailing Address <b>8540 N SHERMAN CIRCLE #503</b> <b>MIRAMAR, FL 33025</b>	
2. Principal Place of Business <b>6565 TAFT STREET</b> Suite, Apt. #, etc. <b>SUITE 403</b> City & State <b>HOLLYWOOD, FL</b> Zip <b>33024</b>		3. Mailing Address <b>6565 TAFT STREET</b> Suite, Apt. #, etc. <b>SUITE 403</b> City & State <b>HOLLYWOOD, FL</b> Zip <b>33024</b>			
4. FEI Number <b>11-3705576</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARMONA, JUAN</b> <b>8540 N SHERMAN CIRCLE #503</b> <b>MIRAMAR, FL 33025</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CARMONA, JUAN</b> <b>8540 N SHERMAN CIRCLE #503</b> <b>MIRAMAR, FL 33025</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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 all other like empowered.					
<b>SIGNATURE:</b> 		<b>JUAN CARMONA</b>		<b>1/10/2006 954-699-4303</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	