

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90480 050 \*\*\*158.75

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000138379</b>						
<b>1. Entity Name</b> WORKERS COMPENSATION RECOVERY SPECIALISTS, INC.						
<b>Principal Place of Business</b> 4903 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405 US			<b>Mailing Address</b> 4903 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405 US			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	05062004    Chg-P    CR2E034 (10/03)		
<b>4. FEI Number</b> 200413815				Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  PORTER, MEGHAN 218 WENONAH DRIVE #3 WEST PALM BEACH, FL FL			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____			
<b>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.</b>						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> PR	<b>NAME</b> PORTER, MEGHAN		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 218 WENONAH PLACE	<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33405		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> COO	<b>NAME</b> MCCARTHY, KEVIN		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 6042 WINDING LAKE DRIVE	<b>CITY-ST-ZIP</b> JUPITER, FL 33458		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>						
<b>SIGNATURE:</b> <u>Meghan M. Porter/Meghan M. Porter</u> <u>5/7/04</u> <u>561-721-0293</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
President						