2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P04000028994 04-16-2007 90083 031 ***150.00 AAAAA RECOVERY FIRST, INC. Principal Place of Business Mailing Address 2701 W. OAKLAND PARK BLVD 2701 W. OAKLAND PARK BLVD SUITE 240 SUITE 240 FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311 2. Principal Place of Business - No P.O. Box # 5844 Stirling Road Suite, Apt. #, etc. 5844 Stirlina Suite, Apt. #, etc. 01042007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For Hollywood Hollywood **NOT APPLICABLE** Not Applicable Country 3302 \ \$8.75 Additional 5. Certificate of Status Desired 3021 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fr. James Davis DAVIS, JAMES F Street Address (P.O. Box Number is Not Acceptable) 2701 W. OAKLAND PARK BLVD **SUITE 240** Park Rd FORT LAUDERDALE, FL 33311 FL Zip Code 333 OI Lauderdale 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 SIGNATURE re, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President Davis, James F. 520 N. Victoria Park Rd. TITLE Delete TITLE DAVIS, JAMES NAME 2701 W. OAKLAND PARK BLVD SUITE 240 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33311 CITY-ST-ZIP Ft. Lauderdale, FL. 33311 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIII E ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change * ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR