2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048595

Entity Name: A-ACCELERATED JUDGMENT RECOVERY, INC.

FILED Jan 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5031 SW 9 PL 14010 EAGLE RIDGE LAKES DR. CAPE CORAL, FL 33914

UNIT # 102

FORT MYERS, FL 33912

Current Mailing Address: New Mailing Address:

69000-29 DANIELS PARKWAY PO BOX 101114 CAPE CORAL, FL 339101114

PMB 303

FORT MYERS, FL 33912

FEI Number: 20-0887681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAMOTTE, GARY J LAMOTTE, GARY J

69000-29 DANIELS PARKWAY 5031 SW 9 PL

CAPE CORAL, FL 33914 US PMB 303 FORT MYERS, FL 33912 US

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.

SIGNATURE: 01/12/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: **DPVS** (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS () Delete LAMOTTE, GARY J Name: Name: LAMOTTE, GARY J

14010 EAGLE RIDGE LAKES DR. UNIT # 102 5031 SW 9 PL Address: Address:

City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: FORT MYERS, FL 33912

Title: Title: (X) Change () Addition () Delete

Name: LAMOTTE, GARY J Name: LAMOTTE, GARY J

5031 SW 9 PL Address: 14010 EAGLE RIDGE LAKES DR. UNIT # 102 Address:

CAPE CORAL, FL 33914 FORT MYERS, FL 33912 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY J. LAMOTTE **PRES** 01/12/2005