

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028635

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** PROFESSIONAL RECOVERY SOLUTIONS, INC.

**Current Principal Place of Business:**

4927 SOUTHFORK DR  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

4927 SOUTHFORK DR  
LAKELAND, FL 33813

**New Mailing Address:**

**FEI Number:** 20-2390691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUELOW, JASON  
5949 TOPHER TRAIL  
MULBERRY, FL 33860 US

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

BUELOW, JASON  
4927 SOUTHFORK DR  
LAKELAND, FL 33813 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:

Electronic Signature of Registered Agent

04/24/2006

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BUELOW, JASON  
Address: 5949 TOPHER TRAIL  
City-St-Zip: MULBERRY, FL 33860

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BUELOW, JASON  
Address: 4927 SOUTHFORK DR  
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JASON M BUELOW

Electronic Signature of Signing Officer or Director

PD

04/24/2006

Date