2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCLIMENT # P05000039917



FILED Apr 18, 2006 8:00 am Secretary of State

1. Entity Name POINT RECOVERY, INC.						04-18-2006 90073 049 ***150.00				
Principal Place of Business 240 EAST FIFTH AVENUE TALLAHASSEE, FL 32303 Mailing Address 240 EAST FIFTH AVENUE TALLAHASSEE, FL 32303						1.000000	9 ; *** *******************************	1 88/18 1/6/1 18	10 (8181 1818) MC	(1 71) A 1 11)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #. etc.			04172006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State			4. FEI Number	20-25		入 No	oplied For ot Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required					
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
DODDING MATTUCKAT					Name					
ROBBINS, MATTHEW T 236 EAST FIFTH AVENUE TALLAHASSEE, FL 32303						P.O. Box Number i	is Not Acceptable)		
					City		····-	FL	Zip Cod	e
the obligat	ions of registe		or the purpose of changing it	s register	I ad office or register	red agent, or both,	in the State of Flo	rida. Lami	amiliar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered again	and title if applicable. (NO	TE: Registere	d Agent signature required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign File Trust Fund Contribution										
FIL After Ma	E NOW!!! ay 1, 2006	FEE IS \$150.00 3 Fee will be \$550.		-		.00 May Be led to Fees				
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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.

SIGNATURE:

Steven W. Stone SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

(850)441-1654

Daytime Phone #