

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-21-2006 90043 013 ***150.00

DOCUMENT # P05000088031 1. Entity Name PROVEN RECOVERY INC.			
Principal Place of Business 17100 ARVIDA PKWY - STE 1 WESTON, FL 33326		Mailing Address 17100 ARVIDA PKWY - STE 1 WESTON, FL 33326	
2. Principal Place of Business <i>17100 Royal Palm Blvd</i> Suite, Apt. #, etc. <i>Suite 1</i> City & State <i>Weston, FL</i> Zip <i>33326</i>		3. Mailing Address <i>17100 Royal Palm Blvd.</i> Suite, Apt. #, etc. <i>Suite 1</i> City & State <i>Weston, FL</i> Zip <i>33326</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number <i>60-3025982</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, RICK A 17100 ARVIDA PKWY - STE 1 WESTON, FL 33326		7. Name and Address of New Registered Agent Name <i>Rick A. Harris</i> Street Address (P.O. Box Number is Not Acceptable) <i>17100 Royal Palm Blvd.</i> <i>Suite 1</i> City <i>Weston</i> State <i>FL</i> Zip Code <i>33326</i>	
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. SIGNATURE <i>[Signature]</i> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRIS, RICK A 17100 ARVIDA PKWY - STE 1 WESTON, FL 33326	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DARMANIAN, MARIE L 17100 ARVIDA PKWY - STE 1 WESTON, FL 33326	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as registered 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: <i>[Signature]</i> <i>Rick A. Harris</i>		Date <i>8/17/06</i>	