

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100111

Entity Name: FLORIDA ASSET RECOVERY, INC.

FILED
Feb 12, 2007
Secretary of State

Current Principal Place of Business:

8833 PERIMETER PARK BLVD.
SUITE 603
JACKSONVILLE, FL 32216

New Principal Place of Business:

123 N. KROME AVENUE
SUITE 101
HOMESTEAD, FL 33030

Current Mailing Address:

123 N. KROME AVENUE
SUITE 205
HOMESTEAD, FL 33030

New Mailing Address:

123 N. KROME AVENUE
SUITE 101
HOMESTEAD, FL 33030

FEI Number: 20-3154332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICE OF SEAN P. O'CONNOR, P.A.
123 N. KROME AVENUE
SUITE 205
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

LAW OFFICE OF SEAN P. O'CONNOR, P.A.
123 N. KROME AVENUE
SUITE 101
HOMESTEAD, FL 33030 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: SEAN P OCONNOR

02/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'CONNOR, DEBBIE A
Address: 8833 PERIMETER PARK BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: O'CONNOR, DEBBIE A
Address: 123 N KROME AVENUE, SUITE 101
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Change (X) Addition
Name: O'CONNOR, SEAN P
Address: 123 N KROME AVENUE, SUITE 101
City-St-Zip: HOMESTEAD, FL 33030

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: SEAN P OCONNOR

D

02/12/2007

Electronic Signature of Signing Officer or Director

Date