


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-04-2008 90029 001 ***300.00

DOCUMENT # P05000130022 1. Entity Name OPERATION RECOVERY, INC.	
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Principal Place of Business 2640 LAKEMONT RD. MELBOURNE, FL 32934	Mailing Address 2640 LAKEMONT RD. MELBOURNE, FL 32934
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66004623



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3477506	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 DEBUSK, ERIC S 2640 LAKEMONT RD. MELBOURNE, FL 32934	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when renewing.) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUBERTONE, ANTHONY 2640 LAKEMONT RD. MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEBUSK, ERIC S 2640 LAKEMONT DR MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEBUSK, TRACY 2640 LAKEMONT DR MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: _____ **3-18-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #