2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# P05000133738

Entity Name: CORPORATE ASSET RECOVERY, INC.

Current Principal Place of Business:

200 CONGRESS PARK DR., STE. 210
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

200 CONGRESS PARK DR., STE. 210
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 20-3556006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAINA, SAM
2525 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DPC	( ) Delete
Name:	ADORNO, HENRY N	
Address:	2525 PONCE DE LEON BLVD., SUITE 400	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	D	( ) Delete
Name:	BAROT, DILIP	
Address:	4243-D, NORTHLAKE BOULEVARD	
City-St-Zip:	PALM BEACH GARDENS, FL 33134	
Title:	VP	( ) Delete
Name:	ROCCO, MATHEW F	
Address:	200 CONGRESS PARK DRIVE, #210	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	CEO	( ) Delete
Name:	GILL, A. WAYNE	
Address:	200 CONGRESS PARK DRIVE, #210	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	STRE	( ) Delete
Name:	KUMAR, ASHOK	
Address:	299 CONGRESS PARK DRIVE, #210	
City-St-Zip:	DELRAY BEACH, FL 33445	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: HENRY N. ADORNO DPC 01/16/2008

Electronic Signature of Signing Officer or Director — Date