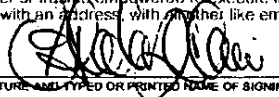


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90006 009 ***150.00

DOCUMENT # P05000147183 1. Entity Name DISASTER RECOVERY TEAM, INC.																																																																																																																																																													
Principal Place of Business 22050 S.W. 127TH AVENUE MIAMI, FL 33170			Mailing Address 22050 S.W. 127TH AVENUE MIAMI, FL 33170																																																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 431 Margaret court Suite, Apt. #, etc.																																																																																																																																																											
City & State Zip		City & State Tallahassee FL Zip 32301		Country USA																																																																																																																																																									
4. FFI Number 20 3744996				Applied For ☐ Not Applicable																																																																																																																																																									
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																																																									
6. Name and Address of Current Registered Agent GALINDO, MARIA P 22050 S.W. 127TH AVENUE MIAMI, FL 33170			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																										
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																																																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																																										
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OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>P GALINDO, MARIA P</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>22050 S.W. 127TH AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33170</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>V GALINDO, JAIME A</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>22050 S.W. 127TH AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33170</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	P GALINDO, MARIA P	☐	STREET ADDRESS	22050 S.W. 127TH AVENUE		CITY-ST-ZIP	MIAMI, FL 33170		TITLE	NAME	Delete	NAME	V GALINDO, JAIME A	☐	STREET ADDRESS	22050 S.W. 127TH AVENUE		CITY-ST-ZIP	MIAMI, FL 33170		TITLE	NAME	Delete	NAME		☐	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete	NAME		☐	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete	NAME		☐	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete	NAME		☐	STREET ADDRESS			CITY-ST-ZIP			11. 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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 another like empowered.																																																																																																																																																													
SIGNATURE:  2/27/06 (305) 454 5411 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																													