2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000158453

1. Entity Name
GOT U RECOVERY INC

Principal Place of Business	Mailing Address
2519 SMITHFIELD DRIVE ORLANDO, FL 32837	3406 WEST VINE STREET KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

03262007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-3881407		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ESCOBALES, ERIC R
14113 SNEAD CIRCLE
ORLANDO, FL 32837

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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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ESCOBALES, ERIC R
STREET ADDRESS	14113 SNEAD CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	VP
NAME	LONGORIA, PEDRO A
STREET ADDRESS	2519 SMITHFIELD DRIVE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/14/07-80038-023 150.00

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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 all other like empowered.

SIGNATURE: _____   4-10-07   (407)343-9919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #