2007 FOR PROFIT CORPORATION

Apr 19, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P06000014461 04-19-2007 90184 037 ***150.00 R.& H. INVESTIGATIONS & RECOVERY, INC. quuvv Principal Place of Business Mailing Address 1699 PARDEE RD. 1699 PARDEE RD. AVON PARK, FL 33825 AVON PARK, FL 33825 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1500 US Highway 27 S 15<mark>00 US Highway 27 S</mark> Suite, Apt. #, etc. Suite, Apt. #, etc. 02082007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Avon Park, Avon Park, FJ 20-4211687 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33825-2151 USA Fee Required 33825-215 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHANEY, ROYCE Street Address (P.O. Box Number is Not Acceptable) 362 PENINSULAR CT. HAINES CITY, FL 33844-5820 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. SIGNATUR eg agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition CHANEY, ROYCE NAME NAME STREET ADDRESS 362 PENINSULAR CT. STREET ADDRESS CITY-ST-ZIP HAINES CITY, FL 33844 CITY-ST-7tP DST TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHANEY, KATHERINE NAME NAME STREET ADDRESS 362 PENINSULAR CT. STREET ADDRESS CITY-ST-7IP HAINES CITY, FL 33844 CITY - ST - ZIP TITLE Oelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 was an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE E OF SIGNING OFFICER OR DIRECTOR

CITY-SI-7IP

FILED