


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P06000037795</b> 1. Entity Name <b>ASSET RECOVERY.NET, INC.</b>			
Principal Place of Business <b>3765 MOONFLOWER RD. JACKSONVILLE, FL 32221</b>		Mailing Address <b>3765 MOONFLOWER RD. JACKSONVILLE, FL 32221</b>	
2. Principal Place of Business - No P.O. Box # <b>1951 Valley Crossing Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>c/o J. Garfield Hurt &amp; Assoc.</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville, Florida</b> Zip Country <b>32221 USA</b>		City & State <b>Jacksonville, Florida</b> Zip Country <b>32221 USA</b>	
4. FEI Number <b>56-2566404</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GROSSO, BRUCE 3765 MOONFLOWER RD. JACKSONVILLE, FL 32221</b>		7. Name and Address of New Registered Agent Name <b>David R. Knapp</b> Street Address (P.O. Box Number is Not Acceptable) <b>1951 Valley Crossing Drive</b> City <b>Jacksonville FL 32221</b>	
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 <i>David R. Knapp</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>David R. Knapp, Registered Agent</b> <b>4/25/07</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GROSSO, BRUCE 3765 MOONFLOWER RD. JACKSONVILLE, FL 32221	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD David R. Knapp 1951 Valley Crossing Drive Jacksonville, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>David R. Knapp</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>David R. Knapp</b> <b>4/25/07 (904) 378-8380</b> <small>Date Daytime Phone #</small>	

FILED  
07 MAY -1 PM 2:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

