

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 26, 2010
Secretary of State

Entity Name: RECOVERY ONE DISASTER SERVICES, INC.

Current Principal Place of Business:

1827 VILLAGE COURT
MULBERRY, FL 33860

New Principal Place of Business:

201 E. BAKER STREET
PLANT CITY, FL 33563

Current Mailing Address:

1827 VILLAGE COURT
MULBERRY, FL 33860

New Mailing Address:

201 E. BAKER STREET
PLANT CITY, FL 33563

FEI Number: 42-1695363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DWIGHT
1827 VILLAGE COURT
MULBERRY, FL 33860 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: V
Name: WILLIAMS, DWIGHT
Address: 1827 VILLAGE COURT
City-St-Zip: MULBERRY, FL 33860

Title: V
Name: WILLIAMS, MICHAEL A
Address: 29246 DOWNY PL
City-St-Zip: WESLEY CHAPLE, FL 33544

Title: V
Name: WILLIAMS, DWAYNE E
Address: 3270 CROSS FOX DR.
City-St-Zip: MULBERRY, FL 33860

Title: P
Name: WILLIAMS, MEIVALENE
Address: 1827 VILLAGE CT
City-St-Zip: MULBERRY, FL 33860

I hereby 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 all other like empowered.

SIGNATURE: DWAYNE WILLIAMS

VP

04/26/2010

Electronic Signature of Signing Officer or Director

Date