2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# P06000039879

Entity Name: RECOVERY ONE DISASTER SERVICES, INC.

Current Principal Place of Business:

201 E. BAKER STREET
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

201 E. BAKER STREET
PLANT CITY, FL 33563

New Mailing Address:

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

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, MELVALENE
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 E WILLIAMS V 04/20/2011

Electronic Signature of Signing Officer or Director — Date