

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083073

FILED
May 04, 2009
Secretary of State

Entity Name: 3RD STEP RECOVERY HOUSING GROUP, INC.

Current Principal Place of Business:

547 NW 9TH AVENUE
SUITE #1
FT. LAUDERDALE, FL 33311

Current Mailing Address:

PO BOX 14303
FT. LAUDERDALE, FL 33302

New Principal Place of Business:

547 NW 9TH AVENUE
SUITE #2
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 61-1511845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, MARIA
547 NW 9TH AVENUE
SUITE #1
FT. LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

FREEMAN, MARIA
547 NW 9TH AVENUE
SUITE #2
FT. LAUDERDALE, FL 33311 US

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: MARIA FREEMAN

05/04/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, S () Delete
Name: FREEMAN, MARIA
Address: 547 NW 9TH AVENUE, SUITE #1
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: DIR () Delete
Name: ANDERSON, CHENARA
Address: 547 NW 9TH AVENUE, SUITE #1
City-St-Zip: FT. LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change () Addition
Name: FREEMAN, MARIA
Address: 547 NW 9TH AVENUE, SUITE #2
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA FREEMAN

PRES

05/04/2009

Electronic Signature of Signing Officer or Director

Date