

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000101508

Entity Name: R.E. RECOVERY ASSISTANCE, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

5108 MISSION HILLS
TAMPA, FL 33617

New Principal Place of Business:

5108 MISSION HILLS
#319
TAMPA, FL 33617

Current Mailing Address:

P.O. B.291231
TAMPA, FL 33687

New Mailing Address:

FEI Number: 56-2634289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, RAFAEL B
5108 MISSION HILLS AVE
APT. 319
TAMPA, FL 33617 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: PVST () Delete
Name: RAMOS, RAFAEL B
Address: 5108 MISSION HILLS AVE
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: RAMOS, RAFAEL B
Address: 5108 MISSION HILLS AVE #319
City-St-Zip: TAMPA, FL 33617

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: RAFAEL B.RAMOS

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date