

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127635

FILED
Jul 15, 2008
Secretary of State

Entity Name: ASSURED RECOVERY SERVICES, INC.

Current Principal Place of Business:

934 N. UNIVERSITY DRIVE
NUM. 247
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

934 N. UNIVERSITY DRIVE
NUM. 247
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 20-5668278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORYCH, STEPHANIE
934 N. UNIVERSITY DRIVE
NUM. 247
CORAL SPRINGS, FL 33071 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

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: PRES () Delete
Name: NORYCH, STEPHANIE
Address: 934 N. UNIVERSITY DRIVE, NUM 247
City-St-Zip: CORAL SPRINGS, FL 33071 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEPHANIE NORYCH

PRES

07/15/2008

Electronic Signature of Signing Officer or Director

Date