2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

DOCUMENT# P07000060886

Entity Name: EAST COAST COLLATERAL RECOVERY, INC.

Current Principal Place of Business:

1609 OWENS RD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

PO BOX 331127
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 26-0228262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MESIMER, STEPHEN
1609 OWENS RD
JACKSONVILLE, FL 32218 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: P
Name: MESIMER, STEPHEN
Address: 1609 OWENS RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP
Name: POPE, BRIAN
Address: 1609 OWENS RD
City-St-Zip: JACKSONVILLE, FL 32218

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: BRIAN POPE VP 04/30/2010

Electronic Signature of Signing Officer or Director Date