2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000081385

Entity Name: THE SOLUTION RECOVERY HOUSE, INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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3000 NE 30TH PLACE 620 SW 7 STREET

SUITE 107 POMPANO BEACH, FL 33060

FORT LAUDERDALE, FL 33306

Current Mailing Address: New Mailing Address:

3000 NE 30TH PLACE 620 SW 7 STREET

SUITE 107 POMPANO BEACH, FL 33060 FORT LAUDERDALE, FL 33306

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CIRIACO, STEPHEN LAW OFFICE OF DAVID S. BOWMAN. P.A.

3000 NE 30TH PLACE ONE EAST BROWARD BLVD

SUITE 107 SUITE 700

FORT LAUDERDALE, FL 33306 US FORT LAUDERDALE, FL 33301 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: DAVID S. BOWMAN, P.A. 01/07/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SANTOS, JESSE
 Name:
 BAKER, SCOTT A

 Address:
 7320 NW 62 TERRACE
 Address:
 620 SW 7 STREET

City-St-Zip: PARKLAND, FL 33067 City-St-Zip: POMPANO BEACH, FL 33060

Title: D (X) Delete Title: () Change () Addition

 Name:
 BAKER, SCOTT
 Name:

 Address:
 12232 NW 49TH DRIVE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33076
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 AFFATATISR, ANTHONY L
 Name:

 Address:
 21597 JUEGO CIRCLE #6B
 Address:

 City-St-Zip:
 BOCA RATON, FL 33433
 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: SCOTT A. BAKER D 01/07/2008