## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000099722

Entity Name: OVAG INTERNATIONAL RECOVERY, INC.

CORAL GABLES, FL 33134 US

City-St-Zip:

FILED Mar 04, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
800 DOUG CORAL G	GLAS RD, SUIT ABLES, FL 33	E 440 134 US			
Current Mailing Address:			New Mailing Address:		
800 DOUG CORAL G	GLAS RD, SUIT ABLES, FL 33	E 440 134 US			
FEI Number:	: 51-0646371	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
150 ALHAI SUITE 115	NN, NICOLE J MBRA CIRCLE 50 ABLES, FL 33				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MCKENDRY, D 1 ALHAMBRA F	Delete ANIEL L PLAZA, SUITE 1425 S, FL 33134 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	HUESMANN, NI	Delete COLE J A CIRCLE, SUITE 1150	Title: Name: Address:	( ) Change ( ) Addition	

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: NICOLE J. HUESMANN VP 03/04/2008