2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 29, 2009
Secretary of State

DOCUMENT# P08000011744

Entity Name: SARGES SYNDICATE RECOVERY, INC.

Current Principal Place of Business:

5760 YOUNGQUIST ROAD #7
FT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

5760 YOUNGQUIST ROAD #7
FT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 26-1875043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAETJENS, MELISSA N DPT
5760 YOUNGQUIST ROAD #7
FT MYERS, FL 33912 US

Name and Address of New Registered Agent:

TURNER, DAVID DPT
5760 YOUNGQUIST ROAD #7
FT MYERS, FL 33912 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 TURNER 05/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: TURNER, DAVID
Address: 5760 YOUNGQUIST ROAD #7
City-St-Zip: FT MYERS, FL 33912 US

Title: DVPS (X) Delete
Name: GAETJENS, MELISSSA
Address: 5760 YOUNGQUIST ROAD #7
City-St-Zip: FT MYERS, FL 33912 US

Title: DT ( ) Delete
Name: MCNUTT, RHONDA
Address: 5760 YOUNGQUIST ROAD #7
City-St-Zip: FT MYERS, FL 33912 US

Title: DS ( ) Delete
Name: HAMBSCH, KURT
Address: 5760 YOUNGQUIST ROAD #7
City-St-Zip: FT MYERS, FL 33912 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID TURNER DPT 05/29/2009
Electronic Signature of Signing Officer or Director Date