2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# P08000109413

Entity Name: RECOVERY LOSS CONSULTANTS, INC.

Current Principal Place of Business:

1789 NE MIAMI GARDENS DRIVE
SUITE 502
MIAMI, FL 33179 US

New Principal Place of Business:

1263 E. LAS OLAS BLVD
SUITE 203
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

1789 NE MIAMI GARDENS DRIVE
SUITE 502
MIAMI, FL 33179 US

New Mailing Address:

1263 E. LAS OLAS BLVD
SUITE 203
FORT LAUDERDALE, FL 33301 US

FEI Number: 26-3909591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAILEY, MATTHEW T
1789 NE MIAMI GARDENS DRIVE
SUITE 502
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

MAILEY, MATTHEW T
1263 E. LAS OLAS BLVD
SUITE 203
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: MATTHEW T. MAILEY 04/29/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: MAILEY, MATTHEW T
Address: 1789 NE MIAMI GARDENS DRIVE, SUITE 502
City-St-Zip: MIAMI, FL 33179 US

Title: VP
Name: ROWE, STEVEN
Address: 4857 LIVINGSTONE AVENUE
City-St-Zip: DAYTON, OH 45426 US

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: MATTHEW T. MAILEY P 04/29/2010
Electronic Signature of Signing Officer or Director Date