

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91499 006 ****61.25

DOCUMENT # P25044

1. Entity Name

THE RECOVERY ALLIANCE, INC.

Principal Place of Business

**622 CAMPBELL AVE
 WEST HAVEN CT
 US**

Mailing Address

**P.O. BOX 561
 MILFORD CT 06460**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1084134

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HYNES, JIGAN
 7301 7TH AVE NORTH
 ST PETERSBURG FL 33710**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **BECK, SUSAN**
 STREET ADDRESS **11 HOUSATONIC AVE**
 CITY-ST-ZIP **MILFORD CT 06460**

TITLE Change Addition
 NAME **Cassidy, Danielle**
 STREET ADDRESS **856 Mill Hill Tr.**
 CITY-ST-ZIP **Southport, CT 06490**
Ass't Treasurer-Director

TITLE Delete
 NAME **BOUTON, SANDRA**
 STREET ADDRESS **735 STEPNEY ROAD**
 CITY-ST-ZIP **EASTON CT**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DBM ZULLO, JANET**
 STREET ADDRESS **107 FOSTER ST.**
 CITY-ST-ZIP **NEW HAVEN CT 06511**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VCD WEBER, DEBORAH**
 STREET ADDRESS **220 MULBERRY ST**
 CITY-ST-ZIP **ORANGE CT 06477**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ASD GILROY, AMY**
 STREET ADDRESS **1046 JOHNSON RD.**
 CITY-ST-ZIP **WOODBRIIDGE CT**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD BUCKLES, JANET**
 STREET ADDRESS **2 SUNRISE DR**
 CITY-ST-ZIP **MONTVALE NJ 07645**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/02 201 646 2289
 Date Daytime Phone #

CR2E037 (9/01)