2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000036946

Entity Name: CITRUS RECOVERY CORPORATION

FILED Apr 11, 2006 Secretary of State

		CEGOVERY GORI GIVAN	O1 1			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1717 INDI	AN RIVER BLC	ULEVARD				
SUITE 100) ACH, FL 3296() US				
Current N	lailing Addres	s:	New Maili	ng Address	:	
ATTN: BE)25 PAUL CT, F ERNADETTE W EE, WI 53072	PO BOX 449 IESENBRINK US				
FEI Number	: 65-0415993	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent	: Name and	Address of	New Registered Agent:	
SUITE 100	AN RIVER BLC					
	e named entity s e of Florida.	submits this statement for t	he purpose of changing	its registered	l office or registered agent, or both	
SIGNATUI						
	Electron	ic Signature of Registered	Agent		Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITION	NS/CHANGE	S TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	SCHALL, JACK	VER BOULEVARD SUITE 100	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () ARAUJO, JOSE 17708 SW 28TI MIRAMAR, FL	H STREET	Title: Name: Address: City-St-Zip:		() Change() Addition	
Title: Name: Address: City-St-Zip:	STRAKA, DONA N53 W14147 IN		Title: Name: Address: City-St-Zip:	RASMUSSEN	PAUL COURT	
Title: Name: Address: City-St-Zip:	SCHALL, JACK	IVER BOULEVARD SUITE 100	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	T () KLITZING, STE 1391 FOREST		Title: Name: Address:	KLITZING, S	(X) Change()Addition TEVEN T 5 PAUL COURT	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip: PEWAUKEE, WI 53072

SIGNATURE: JACK SCHALL P 04/11/2006

City-St-Zip: OCONOMOWOC, WI 53066