

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000015745

FILED
Apr 17, 2006
Secretary of State

Entity Name: COVE RECOVERY CENTER, INC.

Current Principal Place of Business:

5821 NW 28 ST
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

7667 W. SAMPLE RD STE 220
CORAL SPRINGS, FL 33065

New Mailing Address:

2141 N. UNIVERSITY DR. #367
CORAL SPRINGS, FL 33071

FEI Number: 65-0732716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPAW, SUSAN
7667 W. SAMPLE RD
STE 220
POMPAÑO BEACH, FL 33065 US

Name and Address of New Registered Agent:

SPAW, SUSAN
2141 N. UNIVERSITY DR.
STE 367
CORAL SPRINGS, FL, FL 33071 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: SUSAN SPAW

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPAW, SUSAN
Address: 7667 W. SAMPLE RD #220
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SPAW, SUSAN
Address: 2141 N. UNIVERSITY DR #367
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Change (X) Addition
Name: SPAW, WILLIAM C
Address: 2141 N. UNIVERSITY DR #367
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S/T () Change (X) Addition
Name: SPAW, CHRISTIAN R
Address: 2141 N. UNIVERSITY DR. #367
City-St-Zip: CORAL SPRINGS, FL 33071

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.

SIGNATURE: SUSAN SPAW

P

04/17/2006

Electronic Signature of Signing Officer or Director

Date