2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007
Secretary of State

DOCUMENT# P97000015745

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:

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

New Mailing Address:

5821 NW 28 ST
LAUDERHILL, FL 33313

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
2141 N. UNIVERSITY DR.
STE 367
CORAL SPRINGS, FL, FL 33071 US

Name and Address of New Registered Agent:

SPAW, SUSAN
5821 NW 28 ST
LAUDERHILL, FL 33313 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: 05/14/2007
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SPAW, SUSAN
Address: 5821 NW 28 ST
City-St-Zip: LAUDERHILL, FL 33313

Title: VP (X) Change ( ) Addition
Name: SPAW, WILLIAM C
Address: 5821 NW 28 ST
City-St-Zip: LAUDERHILL, FL 33313

Title: S/T (X) Change ( ) Addition
Name: SPAW, CHRISTIAN R
Address: 5821 NW 28 ST
City-St-Zip: LAUDERHILL, FL 33313

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: SUSAN SPAW P 05/14/2007
Electronic Signature of Signing Officer or Director — Date