FILED
Jul 19, 2006 8:00 am
Secretary of State
06-20-2006 90013 043 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

6/20

DOCUMENT # P97000032079

1. Entity Name
PHOENIX RECOVERY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1325C DEL PRADO BV CAPE CORAL, FL 33990 US	1325C DEL PRADO BV CAPE CORAL, FL 33990 US

DO NOT WRITE IN THIS SPACE

05062006 No Chg-P CR2E034 (11/05)

4. FEI Number
85-0740291
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARY, DAVID W
1325-C DEL PRADO BLVD.
CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KEDZ, ADAM
STREET ADDRESS	16201 N.CLEVELAND AVE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	D
NAME	CARY, DAVID W
STREET ADDRESS	1325 C DEL PRADO BV
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DIRECTOR 6/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #