


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90207 009 ***150.00

DOCUMENT # P98000024842	
1. Entity Name NIGHT STALKER RECOVERY, INC.	

Principal Place of Business 7400 SAMVILLE RD NORTH FT MYERS, FL 33917	Mailing Address 7400 SAMVILLE RD NORTH FT MYERS, FL 33917
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2. Principal Place of Business Suite, Apt. #, etc. 3436 MARINATA TWO W City & State N. FT. MYERS, FLA Zip 33903 Country Lee	3. Mailing Address Suite, Apt. #, etc. 3436 MARINATA TWO W City & State N. FT. MYERS, FLA Zip 33903 Country Lee
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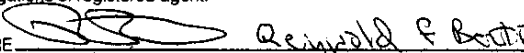
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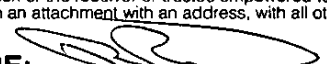
8. Name and Address of Current Registered Agent BERTI, REYNOLD F II 7400 SAMVILLE ROAD NO. FORT MYERS, FL 33917	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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  Signature, typed or printed name of registered agent and title if applicable.	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTI, REYNOLD F II 7400 SAMVILLE ROAD NO. FT. MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #