

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025424

FILED
Apr 20, 2011
Secretary of State

Entity Name: RECOVERY RESIDENCES, INC.

Current Principal Place of Business:

450 NORTHLAKE BLVD
#11
LAKE PARK, FL 33408

New Principal Place of Business:

Current Mailing Address:

450 NORTHLAKE BLVD
#11
LAKE PARK, FL 33408

New Mailing Address:

FEI Number: 65-0862343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETTERSEN, FRED
450 NORTHLAKE BLVD
SUITE 11
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DTS
Name: SCHRADER, WILLIAM
Address: 450 NORTHLAKE BLVD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DP
Name: PETTERSEN, FRED
Address: 450 NORTHLAKE BLVD
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM SCHRADER

DTS

04/20/2011

Electronic Signature of Signing Officer or Director

Date