

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070136

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** BREAKTHROUGH RECOVERY SERVICES, INC.

**Current Principal Place of Business:**

202 NW 5TH AVENUE  
OKEECHOBEE, FL 349724140

**New Principal Place of Business:**

**Current Mailing Address:**

202 NW 5TH AVENUE  
OKEECHOBEE, FL 349724140

**New Mailing Address:**

**FEI Number:** 65-0876566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LAMBERTI, MADELINE  
2494 SW 22ND CIR. EAST  
OKEECHOBEE, FL 34974 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAMBERTI, MADELINE  
Address: 2494 SW 22ND CIR. E  
City-St-Zip: OKEECHOBEE, FL 34974

Title: ST ( ) Delete  
Name: LAMBERTI, ALEXANDRA  
Address: 2494 SW 22ND CIR. EAST  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP ( ) Delete  
Name: LAMBERTI, STEPHEN M  
Address: 2494 SW 22ND CIRCLE  
City-St-Zip: OKEECHOBEE, FL 34974

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** MADELINE LAMBERTI

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date