

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053930

Entity Name: RECOVERY SOLUTIONS INC.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

628 DECATUR AVENUE
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

3837 NORTHDAL BLVD
STE 228
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-3581595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, LACHAN R
628 DECATUR AVENUE
BROOKSVILLE, FL 34601 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: PPTS () Delete
Name: KNOWLES, LA CHAN
Address: 3412 JAMAIS WOOD WAY
City-St-Zip: TAMPA, FL 33618

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: KNOWLES, LA CHAN R
Address: 3412 JAMAIS WOOD WAY
City-St-Zip: TAMPA, FL 33618

Title: VP () Change (X) Addition
Name: HARRISON, TINA L
Address: 1104 WEBB DR
City-St-Zip: CLEARWATER, FL 33755

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: LACHAN R KNOWLES

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04/21/2008

Electronic Signature of Signing Officer or Director

Date