

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000069076

FILED
Apr 20, 2005
Secretary of State

Entity Name: STRATEGIC RECOVERY TEAM, INC.

Current Principal Place of Business:

401 SE 12TH ST
FT LAUDERDALE, FL 33316

New Principal Place of Business:

1417 SW 2ND AVENUE
3
FT LAUDERDALE, FL 33316

Current Mailing Address:

401 SE 12TH ST
FT LAUDERDALE, FL 33316

New Mailing Address:

460 NORTH VICTORIA PARK ROAD
FT LAUDERDALE, FL 33301

FEI Number: 65-0962936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, DANIEL
401 SE 12TH STREET
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

LEWIS, DANIEL
460 NORTH VICTORIA PARK ROAD
FORT LAUDERDALE, FL 33301 US

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:

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: LEWIS, DAN
Address: 401 SE 12TH ST
City-St-Zip: FT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: LEWIS, DAN
Address: 460 NORTH VICTORIA PARK ROAD
City-St-Zip: FT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DANIEL W. LEWIS

PST

04/20/2005

Electronic Signature of Signing Officer or Director

Date