

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000091606

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: CAPITAL RECOVERY CORPORATION

## Current Principal Place of Business:

5364 ERLICH RD #163  
TAMPA, FL 33624

## New Principal Place of Business:

5364 EHRlich RD #163  
TAMPA, FL 33624

## Current Mailing Address:

C/O MARK JACKSON  
PO BOX 17114  
CLEARWATER, FL 33762

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED CORPORATE AGENTS, INC.  
612 S GREENWOOD AVE  
CLEARWATER  
33756, FL US

## Name and Address of New Registered Agent:

JACKSON, MARK  
15107 MADEIRA WAY #210  
MADEIRA BEACH, FLORIDA, FL 33708 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: MARK JACKSON

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: JACKSON, MARK  
Address: 5364 ERLICH ROAD #163  
City-St-Zip: TAMPA, FL 33624

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: JACKSON, MARK  
Address: 5364 EHRlich ROAD #163  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK JACKSON

P

04/29/2006

Electronic Signature of Signing Officer or Director

Date