

No. C 205759	Due no later than Apr 30, 2016 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. STELLAR RECOVERY, INC. STELLAR RECOVERY 4500 SALISBURY RD STE 105 JACKSONVILLE FL 32216	BUSINESS FILINGS INCORPORATED 921 S ORCHARD ST STE G BOISE ID 83705 3. <u>New</u> Registered Agent Signature: *				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	JOHN SCHANCK	4500 SALISBURY RD STE 105	JACKSONVILLE	FL		32216
5. Organized Under the Laws of: FL C 205759	6. Annual Report must be signed.* Signature: Kristina Mullen Name (type or print): Kristina Mullen		Date: 02/24/2016 Title: Dir. of Licensing			
Processed 02/24/2016		* Electronically provided signatures are accepted as original signatures.				