No. C 181728		Due no later than Jan 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. STELLAR RECOVERY, INC. KRISTINA MULLEN 4500 SALISBURY RD.		BUSINESS FILINGS INCORPORATED 921 S ORCHARD ST STE G BOISE ID 83705 USA			
NO FILING FEE IF RECEIVED BY DUE DATE		SUITE 105 JACKSONVILLE FL 32216 USA		3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held PRESIDENT DIRECTOR TREASURER SECRETARY	Name ROBERT BURNSIDE BOB B PETERSON GARRETT A SCHANCK JOHN G SCHANCK, JR		Street or PO Address 4500 SALISBURY RD. STE. 105 1327 HIGHWAY 2 WEST SUITE 100 4500 SALISBURY RD. SUITE 105 4500 SALISBURY RD. SUITE 105	City JACKSONVILLE KALISPELL JACKSONVILLE JACKSONVILLE	State FL MT FL FL	Country USA USA USA USA	Postal Code 32216 59901 32216 32216
5. Organized Under the Laws of: FL C 181728		6. Annual Report must be signed.* Signature: Kristina Mullen Name (type or print): Kristina Mullen		Date: 02/06/2014 Title: Employee			
Processed 02/06/2014 * Electronically provided signatures are accepted as original signatures.							