2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F00000003922

1. Entity Name

ASSÉT MANAGEMENT OUTSOURCING RECOVERIES, INC.



Principal Place of Business

7001 PEACHTREE INDUSTRAIL BLVD.

STE. 320 NORCROSS, GA 30092

US

Mailing Address

6737 W WASHINGTON STREET

SUITE #3118

WEST ALLIS, WI 53214 US

FILED Apr 03, 2006 08:00 AM Secretary of State



02242006

No Chg-P

CR2E034 (11/05)

4. FEI Number 58-2437976 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

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	named entity submits this statement for the plants of registered agent.	ourpose of changing its registered office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed carrie of registered agent and title	# applicable. (NOTE: Registered Agent algority	re required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		S. Election Campeign Financing Trust Fund Contribution. Added to Fees		1900000488998 04/17/06-80029-010 150.00
10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CHAMBERLAIN, MICHAEL A 7001 PEACHTREE IND. BLVD., STE 320 NORCROSS GA 30097			

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SCFO NAME TSANOS, SCOTT STREET ADDRESS 7001 PEACHTREE IND. BLVD., STE 320 CITY-ST-7IP NORCROSS, GA 30092 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZiP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 to see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment your an address, with all other rike empowered.

SIGNATURE:

IGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.8.06 678 282.65

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