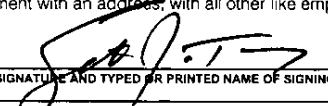


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90042 037 ***150.00

DOCUMENT # F00000003922					
1. Entity Name ASSET MANAGEMENT OUTSOURCING RECOVERIES, INC.					
Principal Place of Business 7001 PEACHTREE INDUSTRIAL BLVD. STE 320 NORCROSS, GA 30092 US			Mailing Address 6737 W WASHINGTON STREET SUITE #3118 WEST ALLIS, WI 53214 US		
2. Principal Place of Business - No P.O. Box # 5655 Peachtree Parkway Suite, Apt. #, etc. # 213		3. Mailing Address Suite, Apt. #, etc.			
City & State Norcross, GA		City & State		4. FEI Number 58-2437976	
Zip 30092		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CHAMBERLAIN, MICHAEL A 7001 PEACHTREE IND. BLVD., STE 320 NORCROSS, GA 30092	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5655 Peachtree Parkway, Suite 213 Norcross, GA 30092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO TSANOS, SCOTT 7001 PEACHTREE IND. BLVD., STE 320 NORCROSS, GA 30092	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5655 Peachtree Parkway, Suite 213 Norcross, GA 30092	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Scott J. Tsanos		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3.29.07 Daytime Phone #: 678-289-9600		