2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State
04-06-2007 90042 037 ***150.00

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1. Entity Name
ASSET MANAGEMENT OUTSOURCING RECOVERIES, INC.

Principal Place of Business	Mailing Address
~~7001 PEACHTREE INDUSTRAIL BLVD.~~	6737 W WASHINGTON STREET
~~STE. 320~~	SUITE #3118
NORCROSS, GA 30092 US	WEST ALLIS, WI 53214 US

02122007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5655 Peachtree Parkway	
Suite, Apt. #, etc.: #213	Suite, Apt. #, etc.
City & State: Norcross, GA	City & State
Zip: 30092 Country:	Zip Country

4. FEI Number: 58-2437976 ☐ Applied For ☐ Not Applicable

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________________________
Signature, typed or printed name of registered agent and title if applicable. (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	PCEO	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	CHAMBERLAIN, MICHAEL A		NAME	
STREET ADDRESS	7001 PEACHTREE IND. BLVD., STE 320		STREET ADDRESS	5655 Peachtree Parkway, Suite 213
CITY-ST-ZIP	NORCROSS, GA 30092		CITY-ST-ZIP	Norcross, GA 30092
TITLE	SCFO	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	TSANOS, SCOTT		NAME	
STREET ADDRESS	7001 PEACHTREE IND. BLVD., STE 320		STREET ADDRESS	5655 Peachtree Parkway, Suite 213
CITY-ST-ZIP	NORCROSS, GA 30092		CITY-ST-ZIP	Norcross, GA 30092
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 3.29.07 678-259-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #