


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90049 030 \*\*\*158.75

**DOCUMENT # F0100000049**  
 1. Entity Name  
**NAR NATIONAL ASSET RECOVERY, INC.**



Principal Place of Business      Mailing Address  
 2880 DRESDEN DR                      2880 DRESDEN DR  
 STE 200                                      STE 200  
 ATLANTA, GA 30341                      ATLANTA, GA 30341

40011011



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**5901-C Peachtree Dunwoody Road**  
 Suite, Apt. #, etc.                                      Suite, Apt. #, etc.  
**Suite 550**    (same)  
 City & State    City & State                                      (as #2)  
**Atlanta, GA**    City & State  
 Zip                                      Country                                      Zip                                      Country  
**30328**                                      **Fulton**                                      Zip                                      Country

01252008      Chg-P      CR2E034 (12/06)  
 4. FEI Number      Applied For  
**58-2128116**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEXIS DOCUMENT SERVICES INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, RUSSELL S	
STREET ADDRESS	2880 DRESDEN DR STE 200	
CITY - ST - ZIP	ATLANTA, GA 30341	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COHEN, MICHAEL J	
STREET ADDRESS	2880 DRESDEN DR STE 200	
CITY - ST - ZIP	ATLANTA, GA 30341	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5901-C Peachtree Dunwoody Road	
STREET ADDRESS	Suite 550, Atlanta, GA 30328	
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5901-C Peachtree Dunwoody Road	
STREET ADDRESS	Suite 550 Atlanta, GA 30328	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 persons empowered.

SIGNATURE: \_\_\_\_\_      Date: **1-25-08**      Daytime Phone #: **678-578-1800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Russell S. Thomas, President**