2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 11, 2005
Secretary of State

DOCUMENT# F97000003204

Entity Name: ENTERPRISE RECOVERY SYSTEMS, INC.

Current Principal Place of Business:

2400 SOUTH WOLF ROAD
STE. 200
WESTCHESTER, IL 60154

New Principal Place of Business:

Current Mailing Address:

2400 SOUTH WOLF ROAD
STE. 200
WESTCHESTER, IL 60154

New Mailing Address:

FEI Number: 36-3594864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TORNATORE, SAM
Address: 5801 S. GRANT
City-St-Zip: HINSDALE, IL 60521

Title: V ( ) Delete
Name: BASSETT, JEFF
Address: 4813 STANLEY
City-St-Zip: DOWNERS GROVE, IL 60525

Title: S ( ) Delete
Name: TORNATORE, SAM
Address: 5801 S. GRANT
City-St-Zip: HINSDALE, IL 60521

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O ( ) Change (X) Addition
Name: NICHOLSON, SCOTT J
Address: 6718 CLARENDON HILLS ROAD
City-St-Zip: DARIEN, IL 60561

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM TORNATORE P 11/11/2005

Electronic Signature of Signing Officer or Director — Date