

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007082

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: NATIONAL ASSET RECOVERY SERVICES, INC.

**Current Principal Place of Business:**

16253 SWINGLEY RIDGE, SUITE 300  
CHESTERFIELD, MO 63017

**New Principal Place of Business:**

**Current Mailing Address:**

16253 SWINGLEY RIDGE, SUITE 300  
CHESTERFIELD, MO 63017

**New Mailing Address:**

FEI Number: 43-1656380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEXIS DOCUMENT SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BUEHRLE, CHRISTOPHER H  
Address: 16253 SWINGLEY RIDGE, SUITE 300  
City-St-Zip: CHESTERFIELD, MO 63017

Title: D ( ) Delete  
Name: SHAPIRO, GERALD  
Address: 2424 N. FEDERAL HWY, STE 360  
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete  
Name: KREISMAN, DAVID  
Address: 2424 N. FEDERAL HWY, STE 360  
City-St-Zip: BOCA RATON, FL 33431

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHRISTOPHER H. BUEHRLE

P

04/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date