2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 28, 2008 8:00 am Secretary of State DOCUMENT # F01000000049 01-28-2008 90049 030 ***158.75 NAR NATIONAL ASSET RECOVERY, INC. Principal Place of Business Mailing Address #AATTOT* 2880 DRESDEN DR 2880 DRESDEN DR STE 200 **STE 200** ATLANTA, GA 30341 ATLANTA, GA 30341 Principal Place of Business, No P.O. Box # 01-C PEACMY LE DUNG 3. Mailing Address 1 Suite Apt. #, etc. 01252008 CR2E034 (12/06) Cha-P Applied For City & State 4. FEI Number 58-2128116 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEXIS DOCUMENT SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΠ Delete TITLE Addition TITLE 5901-C Peachtree Dunwoody Road Suite 550, Atlanta, GA 30328 THOMAS, RUSSELL S NAME NAME STREET ADDRESS 2880 DRESDEN DR STE 200 STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ATLANTA, GA 30341 TITLE Delete COHEN, MICHAEL J 5901-c peachtree Dunwoody Road STREET ADDRESS 2880 DRESDEN DR STE 200 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30341 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ■ Addition TITLE STREET ADDRESS STREET ADDRESS CIDY-ST-ZIP CITY - ST - ZIP ng does not dualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of accourage and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this till indicated on this report or supplemental report is to of the corporation or the receiver or trustee empoyer changed, or on an attachment with an address with enfoowered.

FILED