2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007
Secretary of State

DOCUMENT# F04000005296

Entity Name: TOTAL CREDIT RECOVERY, INC.

Current Principal Place of Business:

3160 S. VALLEY VIEW BLVD STE. 204
LAS VEGAS, NV 89102

New Principal Place of Business:

3025 W. SAHARA AVENUE
LAS VEGAS, NV 89102

Current Mailing Address:

3160 S. VALLEY VIEW BLVD STE. 204
LAS VEGAS, NV 89102

New Mailing Address:

3025 W. SAHARA AVENUE
SUITE #100
LAS VEGAS, NV 89102

FEI Number: 57-1182657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: SHATTO, MARY
Address: 3160 S. VALLEY VIEW BLVD STE. 204
City-St-Zip: LAS VEGAS, NV 89102

Title: TS ( ) Delete
Name: SHATTO, EDWIN L
Address: 3160 S. VALLEY VIEW BLVD STE. 204
City-St-Zip: LAS VEGAS, NV 89102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BOYCE, MICHAEL
Address: 6574 MESA VISTA
City-St-Zip: LAS VEGAS, NV 89118

Title: TS (X) Change ( ) Addition
Name: CHRISTY, DUANE A
Address: 7633 CALM PASSAGE COURT
City-St-Zip: LAS VEGAS, NV 89139

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL BOYCE P 02/28/2007

Electronic Signature of Signing Officer or Director — Date