2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006446

Entity Name: PLATINUM RECOVERY SOLUTIONS, INC.

FILED Jan 13, 2006 Secretary of State

-		····, ·				
Current Principal Place of Business:				New Principal Place of Business:		
1620 DODGE STREET SUITE 1500 OMAHA, NE 68197				14010 FNB PARKWAY 5TH FLOOR OMAHA, NE 681545206		
Current Mailing Address:				New Mailing Address:		
1620 DODGE STREET SUITE 1500 OMAHA, NE 68197				1620 DODGE STREET #3085 OMAHA, NE 68197		
FEI Number	: 47-0717324	FEI Number Applied For ()	FEI Nur	nber Not App	licable()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:		Name and	Address of	New Registered Agent:
1201 HAYS TALLAHAS	S STREET SSEE, FL 323		ournoso c	of changing i	te rogietorod (office or registered agent, or both,
in the State	e of Florida.	submits this statement for the p	ui pose o	i changing i	is registered (onice of registered agent, or both,
SIGNATU						
	Electro	nic Signature of Registered Age	ent			Date
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VTD (SHANAHAN, JA 2223 DODGE : OMAHA, NE 6	ST		Title: Name: Address: City-St-Zip:	PD (X OSTROWSKI, 14010 FNB PA OMAHA, NE 6	ARKWAY
Title: Name: Address: City-St-Zip:	PD (BARRY, JOSE 2223 DODGE OMAHA, NE 6	ST		Title: Name: Address: City-St-Zip:	T (X SHANNO, KEV 14010 FNB PA OMAHA, NE 6	ARKWAY
Title: Name: Address: City-St-Zip:	D (LANGENFELD 2223 DODGE : OMAHA, NE 6	ST		Title: Name: Address: City-St-Zip:	D (X LANGENFELD 1620 DODGE OMAHA, NE 6	STREET
Title: Name: Address: City-St-Zip:	S (OSTROWSKI, 2223 DODGE : OMAHA, NE 6	ST		Title: Name: Address: City-St-Zip:	S (X REED, JAY 14010 FNB PA OMAHA, NE 6	
Title: Name: Address: City-St-Zip:	AS (O'CONNOR, M 2223 DODGE : OMAHA, NE 6	STREET		Title: Name: Address: City-St-Zip:	AS (X O'CONNOR, M 1620 DODGE OMAHA, NE 6	STREET
Title: Name: Address: City-St-Zip:	TO (RATHJEN, SAF 1620 DODGE : OMAHA, NE 6	ST.		Title: Name: Address: City-St-Zip:	() Change () Addition

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: SARA L RATHJEN TO 01/13/2006