2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# L04000009718

Entity Name: NATIONAL ASSET RECOVERY SYSTEMS, LLC

Current Principal Place of Business:

6383 10TH AVE. N
SUITE C
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

6383 10TH AVE. N.
SUITE C
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 34-1980356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSENBLUM, KENNETH
6383 10TH AVE., N.
SUITE C
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

TEMEL, DAVID
6383 10TH AVE., N.
SUITE C
LAKE WORTH, FL 33463 US

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: DAVID TEMEL 04/13/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROSENBLUM, KENNETH MGRM
Address: 6383 10TH AVENUE N
City-St-Zip: LAKE WORTH, FL 33463 US

Title: MGR ( ) Delete
Name: TEMEL, DAVID MGR
Address: 6383 10TH AVENUE N
City-St-Zip: LAKE WORTH, FL 33463 US

ADDITIONS/CHANGES:

Title: MM (X) Change ( ) Addition
Name: TEMEL, DAVID
Address: 6383 10TH AVENUE N
City-St-Zip: LAKE WORTH, FL 33463 US

Title: MGR (X) Change ( ) Addition
Name: GILISON, ALAN MGR
Address: 6383 10TH AVENUE N
City-St-Zip: LAKE WORTH, FL 33463 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID TEMEL MM 04/13/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date