

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Feb 22, 2006  
Secretary of State**

DOCUMENT# P00000114515

**Entity Name:** NATIONAL WORKERS COMPENSATION RECOVERY SYSTEMS, INC.

**Current Principal Place of Business:**

230 EAST PARK AVENUE  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 545  
WAVERLY, FL 33877

**New Mailing Address:**

**FEI Number:** 59-3686564      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HAFF, TULA M ESQUIRE  
3399 CYPRESS GARDENS RD  
SUITE C  
WINTER HAVEN, FL 33884 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARTLETT, THOMAS E  
Address: 250 E. PARK AVE.  
City-St-Zip: LAKE WALES, FL 33853

Title: STD ( ) Delete  
Name: HERSHNER, DEBORAH L  
Address: 230 EAST PARK AVE.  
City-St-Zip: LAKE WALES, FL 33853

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RUMFELT, THOMAS B  
Address: 244 E. PARK AVE.  
City-St-Zip: LAKE WALES, FL 33853

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS B RUMFELT

P

02/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date