

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047895

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** NATIONAL ASSET RECOVERY SYSTEMS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

6383 10TH AVE N., STE C  
GREENACRES, FL 33463

**Current Mailing Address:**

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

**New Mailing Address:**

6383 10TH AVE N., STE C  
GREENACRES, FL 33463

**FEI Number:** 65-0846500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

TEMEL, DAVID  
6383 10TH AVE N., STE C  
GREENACRES, 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:** W. DAVID TEMEL

02/23/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** GILISON, ALAN  
**Address:** 6383 10TH AVE STE C  
**City-St-Zip:** GREENACRES, FL 33463

**Title:** STCD  
**Name:** TEMEL, DAVID W  
**Address:** 6383 10TH AVENUE, SUITE C  
**City-St-Zip:** GREENACRES, FL 33463

I hereby 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 all other like empowered.

**SIGNATURE:** W. DAVID TEMEL

D

02/23/2010

Electronic Signature of Signing Officer or Director

Date