

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047895

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

4010 SOUTH 57TH AVE  
LAKE WORTH, FL 33463

**Current Mailing Address:**

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

**New Mailing Address:**

PO BOX 211027  
ROYAL PALM BEACH, FL 33421

**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  
GREENACRES, FL 33463 US

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

TEMEL, DAVID  
4010 SOUTH 57TH AVE  
SUITE 102B  
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:** W. DAVID TEMEL

01/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** GILISON, ALAN  
**Address:** 4010 SOUTH 57TH AVE, SUITE 102B  
**City-St-Zip:** LAKE WORTH, FL 33463 US

**Title:** STCD  
**Name:** TEMEL, DAVID W  
**Address:** 4010 SOUTH 57TH AVE, SUITE 102B  
**City-St-Zip:** LAKE WORTH, FL 33463 US

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

STCD

01/18/2011

Electronic Signature of Signing Officer or Director

Date