No. **C 166253**	**Due no later than Apr 30, 2007** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** NATIONAL MANAGEMENT RECOVERY CORP. 5944 CORAL RIDGE DR #204 CORAL SPRINGS FL 33065	CORPORATION SERVICE CO 1401 SHORELINE DR STE 2 BOISE ID 83702 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
FLORIDA **C 166253**	Signature: JILL KATZ	Date: 05/15/2007
	Name (type or print): JILL KATZ	Title: PRESIDENT

Processed 05/15/2007

* Electronically provided signatures are accepted as original signatures.