

|  |           |  |               |   |                     |
|--|-----------|--|---------------|---|---------------------|
| No. <b>C 166253</b>  |           | <b>Due no later than Apr 30, 2010</b>  |               | <b>2. Registered Agent and Address (NO PO BOX)</b>                  |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |           | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>NATIONAL MANAGEMENT RECOVERY CORP.<br>JILL KATZ<br>5571 N. UNIVERSITY DR.,<br>STE 203<br>CORAL SPRINGS FL 33067<br>USA |               | CORPORATION SERVICE CO<br>1401 SHORELINE DR STE 2<br>BOISE ID 83702 |                     |
|  |           |  |               | 3. <u>New</u> 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 |
| PRESIDENT  | JILL KATZ | 5571 N. UNIVERSITY DR., STE 203  | CORAL SPRINGS | FL  | USA 33067           |
| 5. Organized Under the Laws of:<br><br><b>FL</b><br><b>C 166253</b>  |           | 6. Annual Report must be signed.*<br>Signature: Lisa Bowes<br>Name (type or print): Lisa Bowes<br>Date: 03/24/2010<br>Title: Licensing Specialist  |               |   |                     |
| Processed 03/24/2010   |           | * Electronically provided signatures are accepted as original signatures.  |               |   |                     |