

No. <b>W 70370</b>	<b>Due no later than Jan 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
	ASSETS RECOVERY CENTER, LLC JOHN R OLSEN 1545 NORTHEAST 123RD ST NORTH MIAMI FL 33161		3. <u>New</u> Registered Agent Signature: *			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	JOHN OLSEN	1545 NORTHEAST 123RD ST	NORTH MIAMI	FL	USA	33161
5. Organized Under the Laws of:  <b>FL</b> <b>W 70370</b>		6. Annual Report must be signed.* Signature: John Olsen Name (type or print): John Olsen Date: 01/19/2010 Title: Managing Member				
Processed 01/19/2010		* Electronically provided signatures are accepted as original signatures.				