

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000054276

FILED
Apr 28, 2005
Secretary of State

Entity Name: NATIONAL CONSULTING SERVICES AND ASSOCIATES, INC.

Current Principal Place of Business:

PO BOX 7801
NAPLES, FL 341017801

New Principal Place of Business:

PO BOX 7801
1200 GOODLETTE RD N
NAPLES, FL 341017801

Current Mailing Address:

PO BOX 7801
NAPLES, FL 341017801

New Mailing Address:

PO BOX 7801
1200 GOODLETTE RD N
NAPLES, FL 341017801

FEI Number: 20-0359690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEMBHARDT, DONALD
670 N ORLANDO AVE STE 100
MAITLAND, FL 32794 US

Name and Address of New Registered Agent:

NCS
670 N ORLANDO AVE STE 100
MAITLAND, FL 32794 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: DONALD NEMBHARD

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEMBHARDT, DONALD
Address: PO BOX 940324
City-St-Zip: NAPLES, FL 341017801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEMBHARD, DONALD PD
Address: PO BOX 940324
City-St-Zip: MAITLAND, FL 32794

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONALD NEMBHARD

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date