




# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

07-03-2006 90001 037 \*\*\*550.00

<b>DOCUMENT # 526774</b> 1. Entity Name <b>NATIONAL SUPPLY INC.</b>					
Principal Place of Business <b>18721 S W 104 AVE</b> <b>MIAMI, FL 33157 US</b>			Mailing Address <b>18721 S W 104 AVE</b> <b>MIAMI, FL 33157 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WEITZMAN, JACK L P A</b> <b>9190 SUNSET DR</b> <b>MIAMI, FL 33173</b>				Name <b>WEITZMAN, JACK L</b> Street Address (P.O. Box Number is Not Acceptable) <b>10661 N. Kendall Dr., Suite 204</b> City <b>MIAMI</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.				Applied For <input checked="" type="checkbox"/> Not Applicable	
SIGNATURE 				DATE <b>JUNE 16, 2006</b>	
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLARD, WARNE R., III		NAME		
STREET ADDRESS	18721 S.W. 104 AVE.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: <b>6/24/06</b> Daytime Phone #: <b>305-238-1592</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					