


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90003 026 \*\*\*150.00

DOCUMENT # F0300006404							
1. Entity Name NATIONAL FLOOD SERVICES, INC.							
Principal Place of Business 555 CORPORATE DRIVE KALISPELL, MT 59901		Mailing Address P.O. BOX 2057 KALISPELL, MT 59903					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <i>correct #</i> <del>81-0452933</del> <i>81-0453993</i>			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GERALD, PAMELA C/O NATIONAL FLOOD SERVICES, INC. 700 W. HILLSBORO BLVD, BLDG. 3, SUITE 206 DEERFIELD BEACH, FL 33441			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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.				
SIGNATURE _____			DATE _____				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LUND, CURTIS M	NAME					
STREET ADDRESS	555 CORPORATE DRIVE	STREET ADDRESS					
CITY-ST-ZIP	KALISPELL, MT 59901	CITY-ST-ZIP					
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	JONES, P. MICHAEL	NAME					
STREET ADDRESS	555 CORPORATE DRIVE	STREET ADDRESS					
CITY-ST-ZIP	KALISPELL, MT 59901	CITY-ST-ZIP					
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SPRAGUE, CHARLES W	NAME					
STREET ADDRESS	255 FISERV DRIVE	STREET ADDRESS					
CITY-ST-ZIP	BROOKFIELD, WI 530080979	CITY-ST-ZIP					
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MUMA, LESLIE M	NAME					
STREET ADDRESS	255 FISERV DRIVE	STREET ADDRESS					
CITY-ST-ZIP	BROOKFIELD, WI 530080979	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	Johnston, Theresa				
STREET ADDRESS		STREET ADDRESS	555 Corporate Drive				
CITY-ST-ZIP		CITY-ST-ZIP	Kalispell, MT 59901				
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	Sather, Elaine				
STREET ADDRESS		STREET ADDRESS	555 Corporate Drive				
CITY-ST-ZIP		CITY-ST-ZIP	Kalispell, MT 59901				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: <i>H. Jones</i>		P. Michael Jones, COO		Jan 8, 2004 406-756-8656			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

All Attachment

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Addendum to 2004 For Profit Corporation Annual Report for National Flood Services, Inc.

Additions to Officers

Vice President - Jensen, Kenneth R, 255 Fiserv Drive, Brookfield, WI 53008-0979

Vice President - Information - Pine, Travis, 555 Corporate Drive, Kalispell, MT 59901