


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000006207	
1. Entity Name NATIONAL CLOSING SOLUTIONS, INC.	

Principal Place of Business 1203 SW 12TH STREET, SUITE 9 OCALA, FL 34474	Mailing Address 185 FULWEILER AVENUE AUBURN, CA 95603
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0038590	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMETT, MARSHA 1512 EUREKA ROAD, SUITE 120 ROSEVILLE, GA 95661
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LAFFIN, PATRICIA 185 FULWEILER AVE AUBURN, CA 95603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PHILIPP, DAVID 189 FULWEILER AVE AUBURN, CA 95603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TANDY, DAVID 12808 WEST AIRPORT BLVD., SUITE 300 SUGAR LAND, TX 77478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARP, JUDY 3925 ATHERTON ROAD ROCKLIN, CA 95765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000388367
01/20/06-80040-024 150.00

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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 fees empowered.

SIGNATURE: 	Patricia A. Laffin	01/09/06(530-885-8627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Director, VP & Sect. Date Daytime Phone #		