

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006207

FILED
Feb 23, 2007
Secretary of State

Entity Name: NATIONAL CLOSING SOLUTIONS, INC.

Current Principal Place of Business:

1203 SW 12TH STREET, SUITE 9
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

185 FULWEILER AVENUE
AUBURN, CA 95603

New Mailing Address:

FEI Number: 32-0038590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EMMETT, MARSHA
Address: 1512 EUREKA ROAD, SUITE 120
City-St-Zip: ROSEVILLE, GA 95661

Title: DVS () Delete
Name: LAFFIN, PATRICIA
Address: 185 FULWEILER AVE
City-St-Zip: AUBURN, CA 95603

Title: DT () Delete
Name: PHILIPP, DAVID
Address: 189 FULWEILER AVE
City-St-Zip: AUBURN, CA 95603

Title: DV () Delete
Name: TANDY, DAVID
Address: 12808 WEST AIRPORT BLVD., SUITE 300
City-St-Zip: SUGAR LAND, TX 77478

Title: P () Delete
Name: HARP, JUDY
Address: 3925 ATHERTON ROAD
City-St-Zip: ROCKLIN, CA 95765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SHULMAN, MONA
Address: 185 FULWEILER AVE
City-St-Zip: AUBURN, CA 95603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PATRICIA LAFFIN

DVS

02/23/2007

Electronic Signature of Signing Officer or Director

Date