2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006207

Entity Name: NATIONAL CLOSING SOLUTIONS, INC.

FILED Jan 29, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
1203 SW 12TH STREET, SUITE 9 OCALA, FL 34474				2617 HARLANSBURG ROAD NEW CASTLE, PA 16101 96				
Current Mailing Address:				New Mailing Address:				
185 FULW AUBURN,	EILER AVENUE CA 95603	Ē						
FEI Number: 32-0038590 FEI Number Applied For ()		FEI Numb	Number Not Applicable () Certificat			te of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	ı	Name and	Address o	f New Reg	istered Agent:	
1200 SOUT PLANTATION	ORATION SYS TH PINE ISLAN ON, FL 33324	D ROAD US	rnoco of	obonaina it	o rogiotoros	d office or r	ogistored agent	or both
in the State		ubmits this statement for the pu	rpose or	changing it	s registered	a office or r	egistered agent,	or both,
SIGNATUR	RE:							
	Electronic	Signature of Registered Agen	t				Date	
Election Can	npaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D ()[EMMETT, MARSI 1512 EUREKA R ROSEVILLE, GA	OAD, SUITE 120	1	Fitle: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	DVS ()[LAFFIN, PATRIC 185 FULWEILER AUBURN, CA 95	AVE	1 4	Fitle: Name: Address: City-St-Zip:	DV LAFFIN, PAT 185 FULWE AUBURN, CA	ILER AVE	() Addition	
Title: Name: Address: City-St-Zip:	DT () E PHILIPP, DAVID 189 FULWEILER AUBURN, CA 95		1 4	Fitle: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	V ()[SHULMAN, MON 185 FULWEILER AUBURN, CA 95	AVE	1 4	Fitle: Name: Address: City-St-Zip:	EVPS WESTCOTT 3925 ATHER ROCKLIN, C	RTON ROAD,		
Title: Name: Address: City-St-Zip:	P ()E HARP, JUDY 3925 ATHERTON ROCKLIN, CA 98		1 4	Fitle: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	1()	Delete	1	Fitle: Name: Address: City-St-Zip:		() Change TRICIA S NSBURG RO E, PA 1610)AD	

I hereby certify that the information supplied with this filing does not qualify 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: NANCY CORKILL VP 01/29/2008