2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005101

Entity Name: NATIONAL SIMULATION SERVICES, INC.

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12001 RESEARCH PARKWAY SUITE 236 ORLANDO, FL 32826 **Current Mailing Address: New Mailing Address:** 12001 RESEARCH PARKWAY SUITE 236 ORLANDO, FL 32826 FEI Number: 26-0885069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUTHRIE, TERESA 12001 RESEARCH PARJWAY STE 236 ORLANDO, FL 32826 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CHRM () Delete Title: CHRM (X) Change () Addition Name: ALI, NICHOLAS Name: ALI, NICHOLAS 152 CHERRY CREEK CIRCLE 12001 RESEARCH PARKWAY Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: ORLANDO, FL 32826 Title: Title: () Delete (X) Change () Addition Name: ALI, NICHOLAS Name: ALI, NICHOLAS 152 CHERRY CREEK CIRCLE 12001 RESEARCH PARKWAY Address: Address: WINTER SPRINGS, FL 32708 ORLANDO, FL 32826 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition VIZER, AMOS VIZER, AMOS Name: Name: 12001 RESEARCH PARKWAY 535 PARK N CIRCLE Address: Address: WINTER PARK, FL 32789 City-St-Zip: ORLANDO, FL 32826 City-St-Zip: Title: () Delete Title: (X) Change () Addition MURRAY, GARY **GUTHRIE, TERESA** Name: Name: Address: P.O. BOX 5961 Address: 12001 RESEARCH PARKWAY City-St-Zip: LAKELAND, FL 338075961 City-St-Zip: ORLANDO, FL 32826 Title: (X) Delete Title: () Change () Addition GUTHRIE, TERESA Name: Name: 1713 SENECA BLVD. Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip:

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: TERESA GUTHRIE D 04/02/2009