## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F36299

FILED Mar 27, 2009 Secretary of State

Entity Name: NATIONAL RELIEF SERVICES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
3880 TAM OLDSMAF	PA RD R, FL 34677	US		
Current M	lailing Addre	ess:	New Mailing Addres	ss:
3880 TAM OLDSMAF	PA RD R, FL 34677	US		
FEI Number	: 59-2100246	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
3880 TAM				
The above		US submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
The above in the State	e named entity e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
The above	e named entity e of Florida. RE:	submits this statement for the p		ed office or registered agent, or both,
The above in the State	e named entity e of Florida. RE: Electro			
The above in the Stati SIGNATUI	e named entity e of Florida. RE: Electro	submits this statement for the points signature of Registered Age and Trust Fund Contribution ( ).	ent	
The above in the Stati SIGNATUI	e named entity e of Florida. RE:Electro mpaign Financii S AND DIREG	submits this statement for the point Signature of Registered Ageing Trust Fund Contribution ( ).  CTORS:  ) Delete EVEN, RD	ent	Date
The above in the State SIGNATUI  Election Car  OFFICER  Title:  Name:  Address:	e named entity e of Florida.  RE: Electro  mpaign Financii  S AND DIREC  PD ( ODLAND, STE 3880 TAMPA OLDSMAR, FI	submits this statement for the prince Signature of Registered Ageing Trust Fund Contribution ( ).  CTORS:  ) Delete EVEN, RD  34677 US  ) Delete HLEY, ROAD	ent  ADDITIONS/CHANG  Title: Name: Address:	Date  BES TO OFFICERS AND DIRECTORS

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: ASHLEY ODLAND DS 03/27/2009