

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90450 049 ***150.00

DOCUMENT # F93000001111

1. Entity Name
NATIONAL UTILIZATION MANAGEMENT CORP.



Principal Place of Business
**7301 N. 16TH ST.
SUITE 201
PHOENIX, AZ 85020**

Mailing Address
**7301 N. 16TH ST.
SUITE 201
PHOENIX, AZ 85020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006

Chg-P

CR2E034 (11/05)

4. FEI Number

86-0669071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOGLE, GEORGE E	
STREET ADDRESS	916 CAPITAL OF TEXAS HIGHWAY	
CITY-ST-ZIP	AUSTIN, TX 78746	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOGLE, MICHAEL G	
STREET ADDRESS	7301 N 16TH ST, SUITE 201	
CITY-ST-ZIP	PHOENIX, AZ 85020	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOGLE, G. MICHAEL	
STREET ADDRESS	7301 N 16TH STREET, SUITE 201	
CITY-ST-ZIP	PHOENIX, AZ 85020	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, DONNA	
STREET ADDRESS	916 S CAPITAL OF TEXAS HWY	
CITY-ST-ZIP	AUSTIN, TX 78746	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	SPEARS, ROBERT S	
STREET ADDRESS	7301 N 16TH STREET, SUITE 201	
CITY-ST-ZIP	PHOENIX, AZ 85020	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PARKS, SHIRLEY	
STREET ADDRESS	7301 N. 16TH, #201	
CITY-ST-ZIP	PHOENIX, AZ 85020	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CFO	
STREET ADDRESS	Miki Godlaski	
CITY-ST-ZIP	7301 N. 16th St., Ste. 201 Phoenix, AZ 85020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: *Shirley Parks* **Shirley Parks**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 *(602) 371-3860*
Date Daytime Phone #