2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# F93000004427

Entity Name: NATIONAL FACILITIES CORP.

Current Principal Place of Business:

C/O ANDREW L. BREECH, DEALER OPERATING
2120 WILSHIRE BLVD., SUITE 400
SANTA MONICA, CA 90403

New Principal Place of Business:

Current Mailing Address:

C/O ANDREW L. BREECH, DEALER OPERATING
2120 WILSHIRE BLVD., SUITE 400
SANTA MONICA, CA 90403

New Mailing Address:

FEI Number: 95-1990905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHLOSSER, RICHARD A
500 EAST KENNEDY BLVD., SUITE 200
TAMPA, FL 33602 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BREECH, ANDREW L	
Address:	2120 WILSHIRE BLVD., SUITE 400	
City-St-Zip:	SANTA MONICA, CA	
Title:	SD	( ) Delete
Name:	WOODS, BRIAN R	
Address:	2120 WILSHIRE BLVD., SUITE 400	
City-St-Zip:	SANTA MONICA, CA	
Title:	VD	( ) Delete
Name:	HAENSLI, RICHARD A	
Address:	16191 FROST ROAD	
City-St-Zip:	CALDWELL, ID	
Title:	D	( ) Delete
Name:	PEARSON, DON M	
Address:	801 SOUTH FLOWER STREET, 5TH FLOOR	
City-St-Zip:	LOS ANGELES, CA 90017	
Title:	D	( ) Delete
Name:	CORDON, FRANK	
Address:	2120 WILSHIRE BLVD, SUITE 400	
City-St-Zip:	SANTA MONICA, CA 90403	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: ANDREW L. BREECH PD 05/05/2009

Electronic Signature of Signing Officer or Director — Date