2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001262

FILED Apr 30, 2004 Secretary of State

Entity Name: NATIONAL ACTUARIAL CONSULTANTS, LTD., INCORPORATED

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
715 TWINI SUITE 202					
DRESHER	R, PA 19025	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
715 TWINI SUITE 202					
DRESHER	R, PA 19025	US			
FEI Number:	23-2299957	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
9040 SPRI	MERY, BRUCI NG RUN BLV PRINGS, FL 3	D. #410			
	named entity of Florida.	submits this statement for the purp	oose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	nic Signature of Registered Agent		Date	
Election Car		g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (PEULER, MICH 237 BLACKBE EPHRATA, PA	RRY DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (WALKER, JAM 6 VALLEY DR. BIRDSBORO, I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (KLEAVER, DIA 777 TYSON AV ARDSLEY, PA	Έ.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (WEXLER, BRA 234 WINDSOR DOYLESTOWN	WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIANA KLEAVER S 04/30/2004