

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90250 033 ***150.00

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1. Entity Name
NATIONAL COMP CARE INC.

Principal Place of Business Mailing Address
TAX ACCTG ARO58125 TAX ACCTG ARO51825
2210 W. OAKLAWN DR. P.O. BOX 2020
SPRINGDALE, AR 72762 SPRINGDALE, AR 72765-2020

50018668



2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc Suite, Apt #, etc

01042006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For
71-0773608 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME BEATHERBY, DENNIS
 STREET ADDRESS 2210 W OAKLAWN DR
 CITY-ST-ZIP SPRINGDALE, AR 72762

TITLE Change Addition
 NAME **Dennis Beatherby**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP Delete
 NAME TATUM, LYNN
 STREET ADDRESS 2210 OAKLAWN DR
 CITY-ST-ZIP SPRINGDALE, AR 72762

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME VAN BEBBER, DAVID L
 STREET ADDRESS 2210 OAKLAWN DR., CP131
 CITY-ST-ZIP SPRINGDALE, AR 727626999

TITLE Change Addition
 NAME **Secretary/Treasurer**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME NAGEL, ROD
 STREET ADDRESS 2210 W. OAKLAWN DR
 CITY-ST-ZIP SPRINGDALE, AR 72762

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *David Van Bebbber*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06
 Date Daytime Phone #