2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9700000315

Entity Name: NATIONAL COMP CARE INC.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

TAX ACCTG CP131 2210 WEST OAKLAWN DRIVE 2210 W. OAKLAWN DR. CP131 CP134

SPRINGDALE, AR 72762 SPRINGDALE, AR 72762

Current Mailing Address: New Mailing Address:

TAX ACCTG CP131 PO BOX 2020 P.O. BOX 2020 CP131

SPRINGDALE, AR 727652020 SPRINGDALE, AR 727652020

FEI Number: 71-0773608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 TATUM, LYNN
 Name:
 KIDD, LEE

 Address:
 2210 OAKLAWN DR
 Address:
 2210 WEST OAKLAWN DRIVE

 City-St-Zip:
 SPRINGDALE, AR 72762
 City-St-Zip:
 SPRINGDALE, AR 72762

Title: ST () Delete Title: ST (X) Change () Addition Name: VAN BEBBER, DAVID L Name: VAN BEBBER, DAVID L

Address: 2210 OAKLAWN DR., CP131 Address: 2210 WEST OAKLAWN DRIVE City-St-Zip: SPRINGDALE, AR 727626999 City-St-Zip: SPRINGDALE, AR 72762

Title: D () Delete Title: D (X) Change () Addition

Name: NAGEL, ROD Name: NAGEL, ROD

 Address:
 2210 W. OAKLAWN DR
 Address:
 2210 WEST OAKLAWN DRIVE

 City-St-Zip:
 SPRINGDALE, AR 72762
 City-St-Zip:
 SPRINGDALE, AR 72762

Title: PD () Delete Title: PD (X) Change () Addition Name: MIQUELON, WADE Name: MIQUELON, WADE

Address: 2210 W. OAKLAND DR. Address: 2210 WEST OAKLAWN DRIVE City-St-Zip: SPRINGDALE, AR 72762 City-St-Zip: SPRINGDALE, AR 72762

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: WADE MIQUELON PD 04/22/2008