


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J72352</b> 1. Entity Name <b>NATIONAL PENSION SERVICE, INC.</b>	
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Principal Place of Business <b>2108 DEVONSHIRE WAY PALM BEACH GARDENS, FL 33418 US</b>	Mailing Address <b>2108 DEVONSHIRE WAY PALM BEACH GARDENS, FL 33418 US</b>
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>13-3442893</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEPPE, HENRY A, MR. NATL PENSION SVC INC  
2108 DEVONSHIRE WAY  
PALM BEACH GARDENS, FL 33418**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

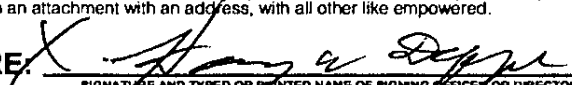
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000585730 01/16/07-80024-023 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT DEPPE, HENRY A. 2108 DEVONSHIRE WAY PALM BEACH GARDENS, FL 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DEPPE, FLORENCE 2108 DEVONSHIRE WAY PALM BEACH GARDENS, FL 33418</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_