2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K01160

1. Entity Name

NATIONAL CORPORATE SERVICES, INC.



FILED Apr 28, 2008 08:00 AN **Secretary of State**

Principal Place of Business

24 DOCKSIDE LANE

SUITE 33 KEY LARGO, FL 33037 Mailing Address

24 DOCKSIDE LANE

SUITE 33

KEY LARGO, FL 33037 US



DO NOT WRITE IN THIS SPACE

01202008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0017919 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

DILLON, RAYMOND F. 39 THATCH PALM WAY KEY LARGO, FL 33037

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plons of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					11.77
	Signature, typed or printed name of registered agent and title	d applicable (NOTE Registered	Agent signature	required when reinstating)	000000925588
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			05/20/00 <u>-80072-023-150.00</u>
10.	OFFICERS AND DIREC	CTORS		-	
TITLE NAME STREET ADDRESS CITY SI ZIP	PD DILLON, RAYMOND F. 39 THATCH PALM WAY KEY LARGO, FL 33037		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DILLON, ANGELA 39 THATCH PALM WAY KEY LARGO, FL 33037				
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

4/23/08