

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K85713

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: NATIONAL ACCOUNTING & MANAGEMENT SERVICES INC.

**Current Principal Place of Business:**

841 DOUGLAS AVENUE  
SUITE 150  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

841 DOUGLAS AVE  
STE 150  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

841 DOUGLAS AVENUE  
SUITE 150  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-2957476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOOD, LAURA J.  
708 RAYMOND CIRCLE  
ALTAMONTE SPRINGS, FL 32714 US

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

WOOD, LAURA J  
107 WHITCOMB DRIVE  
GENEVA, FL 32732 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: LAURA J. WOOD

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP-D ( ) Delete  
Name: PIRES, JOE  
Address: 708 RAYMOND CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D-P ( ) Delete  
Name: WOOD, LAURA J  
Address: 708 RAYMOND CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOE PIRES

VP

03/16/2009

Electronic Signature of Signing Officer or Director

Date