

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K85713

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** NATIONAL ACCOUNTING & MANAGEMENT SERVICES INC.

**Current Principal Place of Business:**

650 S NORTH LAKE BLVD  
SUITE 530  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

650 S NORTH LAKE BLVD  
SUITE 530  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

**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  
107 WHITCOMB DRIVE  
GENEVA, FL 32732 US

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

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

**OFFICERS AND DIRECTORS:**

Title: VP-D  
Name: PIRES, JOE  
Address: 107 WHITCOMB DR  
City-St-Zip: GENEVA, FL 32732

Title: D-P  
Name: WOOD, LAURA J  
Address: 107 WHITCOMB DRIVE  
City-St-Zip: GENEVA, FL 32732

I hereby 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 all other like empowered.

SIGNATURE: JOE PIRES

VP

02/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date