FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90255 028 ***150.00

DOCUMENT # K 002 nc/



| 1. Entity Nan | ne // 8850 | 7 | | | |
|---|---|--|--|--|--------------------------------|
| NATIO | NAL SHOPPING CLUB | , INC. | | | |
| | | | PAGE | . 11017722 | ×. |
| 2. Principal Place of Business 3850 N Powerline Road | | 3. Mailing Address 3850 N Powerline Road | | | |
| Suite, Apt. #, etc. Suite # 111 | | Suite, Apt. #, etc. Suite # 111 | | DO NOT WRITE IN THIS SPACE | |
| City & State | | City & State | | 4. FEI Number 65-0120328 | Applied For |
| Deerfield Beach, FL Zip Country | | Deerfield Beach, I | Country | 5 Certificate of Status Desired | Not Applicable 3.75 Additional |
| 33441 | USA | 33441 | USA | 7. Name and Address of Current Registered Ag | Required |
| | | | Name Patri | icia Klein, Esq. | , |
| | Milon od III. | RINE | <u> </u> | (P.O. Box Number is Not Acceptable) | |
| M. " Salatelineth Wh | THIS SP | AGE | 2001 | West Sample Road | |
| | | | Cit | pano Beach FL | Zip Code 33064 |
| 8. The above | e named entity submits this statement for tions of registered agent. | r the purpose of changing its | | ered agent, or both, in the State of Florida. I am fami | |
| SIGNATURE Signal at types of printed name of registered agent and title at applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| | May 1 Collection (1970) And 1971, Follogs 1970 And 1971, Follows 1971, Follows May 1 Collection (1971) with the collection of the collecti | | | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees |
| 10. | OFFICERS AND | | | es republication de des de la company de la | |
| TITLE NAME | President James Carroll 3850 N Powerline Road | | CONE JUE | | |
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| CITY-ST-ZIP | | | grusta Tie | | |
| NAME | | | E TO SEC | p ² | 66344 |
| STREET ADDRESS | | | 100,018 | The state of the s | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Kresiden INTED NAME OF SIGNING OFFICER OR DIRECTOR