

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068202

FILED
Apr 24, 2007
Secretary of State

Entity Name: NATIONAL DISASTER SOLUTIONS, LLC

Current Principal Place of Business:

19501 W COUNTRY CLUB DR. TS-5
AVENTURA, FL 33180

New Principal Place of Business:

995 NW 31ST AVE
POMPANO BEACH, FL 33069

Current Mailing Address:

19501 W COUNTRY CLUB DR. TS-5
AVENTURA, FL 33180

New Mailing Address:

995 NW 31ST AVE
POMPANO BEACH, FL 33069

FEI Number: 20-3180732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTA, HELEN C ESQ.
7330 WEST 20TH AVENUE
MIAMI LAKES, FL 33016 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OVERMAN, BRETT
Address: 19501 W COUNTRY CLUB DR. TS-5
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: JACOBS, TERRY
Address: 831 SE 22 AVE, UNIT #20
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OVERMAN, BRETT
Address: 3822 NE 199TH STREET
City-St-Zip: AVENTURA, FL 33180

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TERRY JACOBS

MBR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date