

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003529

FILED
Apr 17, 2006
Secretary of State

Entity Name: NATIONAL INFOTECH SERVICES, LLC

Current Principal Place of Business:

249-50 JERICHO TURNPIKE
FLORAL PARK, NY 11001

New Principal Place of Business:

Current Mailing Address:

249-50 JERICHO TURNPIKE
FLORAL PARK, NY 11001

New Mailing Address:

FEI Number: 41-2103317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, CHARLES
2538 BAYKAL DRIVE
KISSIMMEE, FL 34746 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: DONNELLY, KEVIN
Address: 37 GREENWAY RD
City-St-Zip: LONG BEACH, NY 11561

Title: MGR () Delete
Name: WALKER, ROBERT
Address: 3810 INVERRARY BLVD., STE. 102-0
City-St-Zip: LAUDERHILL, FL 33319

Title: MGRM () Delete
Name: BREEN, MATTHEW J
Address: 60 E. 5TH ST
City-St-Zip: BROOKLYN, NY 11218

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DONNELLY, KEVIN
Address: 37 GREENWAY RD
City-St-Zip: LIDO BEACH, NY 11561

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 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: KEVIN DONNELLY

MGRM

04/17/2006

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