2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# N02000007336

Entity Name: AMERICAN VETERANS DIVISION, NSCC, INC.

Current Principal Place of Business:

11369 OKEECHOBEE BLVD.
SUITE 200
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 207
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 01-0621613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAMIREZ, ANTHONY
11369 OKEECHOBEE BLVD
SUITE 200
ROYAL PALM BEACH, FL 33411 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: P ( ) Delete
Name: RAMIREZ, ANTHONY
Address: P.O. BOX 207
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP ( ) Delete
Name: LAWRENCE, RICHARD
Address: P.O. BOX 207
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T ( ) Delete
Name: RAMIREZ, ANTHONY
Address: P.O. BOX 207
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S ( ) Delete
Name: BREWER, LAURA
Address: P.O. BOX 207
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S (X) Delete
Name: GAMBLE, LYNDA
Address: P.O. BOX 207
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY RAMIREZ P 03/14/2008
Electronic Signature of Signing Officer or Director — Date