



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 23 AM 11:40

DOCUMENT # N05000011183 1. Entity Name NATIONAL CAREER ADVISORS, INC.					
Principal Place of Business 165 VICTORY GARDEN DR. SUITE A TALLAHASSEE, FL 32301			Mailing Address 165 VICTORY GARDEN DR. SUITE A TALLAHASSEE, FL 32301		
2. Principal Place of Business <i>1806 Sunset Point Rd</i> Suite, Apt. #, etc. <i>M</i>		3. Mailing Address <i>Same</i> Suite, Apt. #, etc.			
City & State <i>Clearwater, FL</i>		City & State <i>FL</i>		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip <i>33765</i> Country <i>USA</i>		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLACK, VICTOR 165 VICTORY GARDEN DR. SUITE A TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1806 Sunset Point Rd</i> <i>Suite # M</i> City <i>Clearwater</i> FL Zip Code <i>33765</i>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLACK, VICTOR 165 VICTORY GARDEN DR. #A TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1806 Sunset Point Rd</i> <i>suite m</i> <i>Clearwater, FL 33765</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y HERRING, KIM 165 VICTORY GARDEN DR. #A TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1806 Sunset Point Rd</i> <i>suite # m</i> <i>Clearwater, FL 33765</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUSHROOM, MALCOLM X 2601 HAWTHORNE LANE KISSIMMEE, FL 34743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Malcolm X Marshman</i> <i>1806 Sunset Point Rd # m</i> <i>Clearwater, FL 33765</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Vic</i>			1-23-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		