2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029275

Entity Name: FIRST NATIONAL CAPITOL INC.

FILED Sep 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

334 EAST LAKE RD 334 EAST LAKE RD #190

PALM HARBOR, FL 34685

PALM HARBOR, FL 34685

Current Mailing Address: New Mailing Address:

334 EAST LAKE RD 334 EAST LAKE RD

PALMHARBOR, FL 34685 #190

PALMHARBOR, FL 34685

FEI Number: 59-3642215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TEARNEY, DEBBIE CLINE, ROBERT 334 EAST LAKE RD 334 EÁST LAKE RD

PALM HARBOR, FL 34685 PALM HARBOR, FL 34685 US US

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: ROBERT CLINE 09/06/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

TEARNEY, DEBBIE CLINE, ROBERT Name: Name: 334 EAST LAKE RD 334 EAST LAKE RD #190 Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685

() Delete Title: PSTD Title: (X) Change () Addition

IDEN, GINGER Name: Name: CLINE, ROBERT

334 EAST LAKE RD Address: 334 EAST LAKE RD #190 Address: PALM HARBOR, FL 34685 PALM HARBOR, FL 34685 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: ROBERT CLINE 09/06/2005