

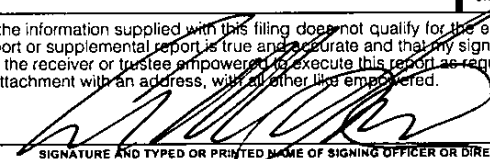


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90335 002 ***150.00

DOCUMENT # P00000095963 1. Entity Name NATIONAL ADJUSTMENT BUREAU, INC.					
Principal Place of Business 1108 E NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442			Mailing Address 1108 E NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442		
2. Principal Place of Business 800 YAMATO RD Suite, Apt. #, etc. 100		3. Mailing Address 800 YAMATO Rd Suite, Apt. #, etc. 100			
City & State Boca Raton, FI Zip 33431		City & State Boca Raton, FI Zip 33431		4. FEI Number 65-1046779	
Country U.S.A		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENELLA, FRANK 1108 E NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent Name L. MENELLA Street Address (P.O. Box Number is Not Acceptable) 800 YAMATO Rd Ste 100 City BOCA RATON	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MENELLA, FRANK 1108 E. NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MENNELLA, FRANK 800 Yamato Rd Ste 100 Boca Raton, FI 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, ANDREW 1108 E NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 YAMATO Rd Ste 100 Boca Raton, FI 33431
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	
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 607, 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:  4/15/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	