

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-15-2006 90038 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

| | | | |
|---|---|--|---------------------------------------|
| DOCUMENT # P01000050176 | | | |
| 1. Entity Name | | | |
| D & S National, Inc. | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business P O Box 135491 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Clermont, FL | | City & State | |
| Zip 34713 | Country | Zip | Country |
| | | 4. FEI Number 59-3718846 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 7. Name and Address of Current Registered Agent | | | |
| Name STANLEY BYRDSELL | | | |
| Street Address (P.O. Box Number is Not Acceptable) 10317 Choxton Circle | | | |
| City Orlando FL Zip Code 32832 | | | |
| 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 | | 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. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT STANLEY BYRDSELL PO BOX 135491 CLERMONT, FL 34713-5491 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Stanley Byrdsell</i> | | 5/10/06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |