

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

66020728

2. Principal Place of Business
 P O Box 135491
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Clermont, FL
Zip 34713 **Country**

City & State
Zip **Country**

4. FEI Number
 59-3718846 **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
 STANLEY BYRDESELL
Street Address (P.O. Box Number is Not Acceptable)
 10317 Chopton 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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME STANLEY BYRDESELL
STREET ADDRESS PO BOX 135491	CITY-ST-ZIP CLERMONT, FL 34713-5491
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

11.

TITLE NAME	STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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: *Stanley ByrdSELL* *shlos*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**