

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


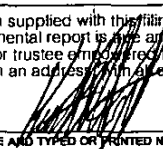
**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90180 034 \*\*\*150.00

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04282006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P02000063282</b>			
1. Entity Name <b>NATIONAL ADMINSTRATIVE SERVICE ORGANIZATION, INC.</b>			
Principal Place of Business <b>2191-A TAMiami TRAIL PORT CHARLOTTE, FL 33948</b>		Mailing Address <b>2191 A TAMiami TR PORT CHARLOTTE, FL 33948</b>	
2. Principal Place of Business <b>2191-A TAMiami TRAIL</b>		3. Mailing Address <b>2191-A TAMiami TRAIL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Port Charlotte, FL</b>		City & State <b>Port Charlotte, FL</b>	
Zip <b>33948</b>		Zip <b>33948</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>13-4229795</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BERMAN, JED 180 S KNOWLES AVE WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEPTER, KURT R 2191A TAMiami TRAIL PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KURT R. SEPTER 2191-A TAMiami TRAIL PORT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEPTER, KURT R 2191A TAMiami TRAIL PORT CHARLOTTE, FL 33948 <input checked="" 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	S SEPTER, KURT R 2191A TAMiami TRAIL PORT CHARLOTTE, FL 33948 <input checked="" 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
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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 from a former like empowered.			
SIGNATURE: 		KURT R. SEPTER - President 4/28/06 941-629-9199	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	