2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90367 035 ***150.00

DOCUMENT # P02000131875 1. Entity Name NATIONAL LOTS, INC.					04-17-2006 90367 035 ***150.00					
Principal Plac	e of Business	Mailing Address			401	Janes.				
	Principal Place of Business Mailing Address 7181 S US HWY 1 7181 S US HWY 1								•	
PORT SAINT LUCIE, FL 34952 US PORT SAINT LUCIE, FL 34952			34952 US							
	200.2, 7.2 0.002	1 0111 01111 20012,12								
2. Principal Place of Business 3. Mailing Address						AONO NON TONE DANA D				
Suite, Apr. #, etc.		Suite, Apt. #, etc.		1						
1					04042006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State			4. FEI Numb			Ar	plied For	
					38-366	7395 ·			t Applicable	
Zip Country		Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	 			7 Name and	Address of New			<u> </u>	
U. Maile and Address of Current Registered Agent					77 742.110 4.110	THOUSAND OF ITOM	- Togiotor vo r	gont		
BELL, DWIGHT W				Street Address (P.O. Box Number is Not Acceptable)						
361 SW MAJESTIC TERR PORT ST LUCIE, FL 34984			Street A	daress (P.O. Box Numb	er is Not Acceptat	ote)			
PORTST	LUCIE, FL 34964									
			City	 -				Zip Cod		
			City			·	FL	Zip Cou	ө	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	egistered office o	r register	red agent, or bo	th, in the State of F	Florida. I am f	amiliar with,	and accept	
และ ดอกเกิสเ	ions or registered agent.								•	
SIGNATURE.	Signature, typed or printed name of registered agent :									
ļ	signature, typed or printed name or registered agent i	and title il applicable. (NOTE:	Registered Agent signa	lure required	J when reinstating)		DATE			
E.,	E NOW!!! FEE 10 6450 00	9. Election Campaig	an Financing	\$5	OO May Be					
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0			Add	.00 May Be led to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	EICEBS AND	DIRECTOR	S IM 11	
TITLE	P	Delete	TITLE		ABBITIONS	CHATGES TO OF	TIOLIS AND	☐ Change	Addition	
NAME	BELL, DWIGHT W	C Delete	NAME			•		Onenge	Addition	
STREET ADDRESS	361 SW MAJESTIC TERR STE					•				
CITY-ST-ZIP	PORT ST LUCIE, FL 34984		CITY-ST-ZIP							
TITLE	V	☐ Delete	TITLE	Ţ.				Change	Addition	
NAME	LAWRENCE, JOHN D		NAME		D. Lawren					
STREET ADDRESS	520 SW PRADO AVE		STREET ADDRESS		Reserve (
CITY-ST-ZIP	PORT ST LUCIE, FL 34983		CITY-ST-ZIP	Port	St Lucie, I	L 34986				
TITLE	ST	☐ Delete	TITLE	:				☐ Change	Addition	
NAME	BROWN, CARMEN		NAME							
STREET ADDRESS	1		STREET ADDRESS							
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	 						
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADORESS						•	
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE	╂				☐ Change	☐ Addition	
NAME		CLI Delete	NAME					☐ Change	☐ Younge	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE	1				Change	Addition	
NAME			NAME						_	
STREET ADDRESS			STREET ADDRESS	1		1				
CITY-ST-ZIP			CITY-ST-ZIP							

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 eath; that I am an officer or director of the corporation or the receiver of true 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:

フスノーBフト ファフィ

Daytime Phone #