2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OF

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State **DOCUMENT # P03000097894** 03-10-2005 90126 030 ***150 00 NATIONAL FLOOD SPECIALISTS, INC. 40043174 Principal Place of Business Mailing Address 4450 W. SUNRISE BLVD. 4450 W. SUNRISE BLVD. SUITE 100 SUITE 100 PLANTATION, FL 33313 PLANTATION, FL 33313 2. Principal Place of Business 3. Mailing Address 12270 S.W. Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 Cha-P CR2E034 (10/03) Plantation City & State City & State 4. FEI Number Applied For 13-4276684 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Bround Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DONNELLY, PATRICK J Street Address (P.O. Box Number is Not Acceptable) 4450 W. SUNRISE BLVD. SUITE 100 PLANTATION, FL 33313 City 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change TITLE ☐ Addition NAME DONNELLY, PATRICK J NAME STREET ADDRESS 2547 SANCTUARY DRIVE STREET ADDRÉSS CITY-ST-2IP CITY - ST- 7IP WESTON, FL 33327 TITLE ☐ Delete TITLE Hartman, James NAME HARTMAN, JAMES MAME 19509 Saturnia Lates Dr. 19572 LAKE SERENA DRIVE STREET ADDRESS STREET ADDRESS Boca Ration, FL 33498 CITY-ST-ZIP BOCA BATON, FL 33496 CITY - ST - ZIP Donnelly Robert ☐ Delete TITLE ■ Addition TITLÉ DONNELLY, ROBERT NAME NAME 1016 Pine Branch Court Weston, FL 33326 STREET ADDRESS STREET ADDRESS 1960 LAKE POINT DRIVE CITY-ST-ZIP WESTON, FL 33326 CiTY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE VAUGHAN, CRAIG NAME NAME 4844 NW 112TH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33076 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 the 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.

FILED Mar 10, 2005 8:00 am