2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 14, 2006 8:00 am **Secretary of State** DOCUMENT # P03000097894 03-14-2006 90040 023 ***150.00 1 Entity Name NATIONAL FLOOD SPECIALISTS, INC. Principal Place of Business Mailing Address 12270 SW 3 ST 4450 W. SUNRISE BLVD. 50002478 PLANTATION, FL 33325 SUITE 100 PLANTATION, FL 33313 2. Principal Place of Business 3. Mailing Address 559000 8.0.Bo Suite, Apt. #, etc. Suite, Apt. #, etc 03102006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 13-4276684 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7...Name and Address of New Registered Agent 6. Nai le and Address of Current Registered Agent DONNELLY, PATRICK J Street Address (P.O. Box Number is Not Acceptable) 4450 W. SUNRISE BLVD. SUITE 100 PLANTATION, FL 33313 12270 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 tyle if applicable (NOTE: Registered Agent signature required when reinstating) Estion Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. D ☐ Delete ☐ Change ☐ Addition TITLE TITI E Donnelly, Patrick J. DONNELLY, PATRICK J NAME NAME 12270 s.w. 3 street, Suite 200 STREET ADDRESS 2547 SANCTUARY DRIVE STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP Delete TIT! £ TITLE Hartman, James 12270 S.W. 3 NAME HARTMAN, JAMES Street, Suite 200 STREET ADDRESS 19509 SATURNIA LAKES DR STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 CITY+ST-ZIP TITLE Delete TITI F DONNELLY, ROBERT NAME NAME street, Suite 200 1016 PINE BRANCH COURT STREET ADDRESS STREET ADDRESS 12270 CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP lantation ☐ Delete TITLE NAME VAUGHAN, CRAIG NAME valahan, Craia 4844 NW 112TH DRIVE STREET ADDRESS STREET ADDRESS 12270 CITY-ST-ZIP WESTON, FL 33076 CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE Detete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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

FILED