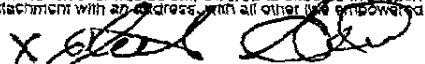


FROM : G.Nicholls

FRX NO. :

Apr. 26 2006 01:48PM P2

May 01, 2006 08:00 AM
Secretary of State**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000122220		
1. Entity Name NGS SERVICES, INC		
Principal Place of Business 6646 VILLA SONRISA DR 524 BOCA RATON, FL 33433 US		Mailing Address 6646 VILLA SONRISA DR 524 BOCA RATON, FL 33433 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STARS, NICHOLAS G 6646 VILLA SONRISA DR 524 BOCA RATON, FL 33433		 04262005 No Chg-P CR2E034 (11/05) 4. FEI Number 30-0193462 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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 title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees UN00000544567 05/11/06-80036-017 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV STARS, NICHOLAS G 6646 VILLA SONRISA DR #524 BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDELMAN, JAY L 9650 SUNRISE LAKES BLVD, #209 SUNRISE, FL 33322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other persons empowered.		
SIGNATURE: 		4/18/06 562-504-6526 Date: Deadline Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		