## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000051635

Address:

City-St-Zip:

1424 ALMANZA DR

THE VILLAGES, FL 32459

NATIONAL DEGEODATION OFFICE INC

FILED Apr 30, 2007 Secretary of State

Entity Nai	me: NATION.	AL RESTORATION SERVICES	S, INC.			
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:		
1424 ALMANZA DR THE VILLAGES, FL 32459				1130 PELION PLACE THE VILLAGES, FL 32162		
Current Mailing Address:			New Maili	New Mailing Address:		
1424 ALMANZA DR THE VILLAGES, FL 32459				1130 PELION PLACE THE VILLAGES, FL 32162		
FEI Number:	: 02-0716734	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of S	Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
1840 SW 2 4TH FLOC		A.				
	named entity e of Florida.	submits this statement for the	purpose of changing i	its registered office or registe	ered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Agent			jent	Date		
Election Car	mpaign Financir	g Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zin:	P ( SCARBROUGH 1424 ALMANZ THE VILLAGES	A DR	Title: Name: Address: City-St-Zin:	P (X) Change ( ) Add SCARBROUGH, KEVIN 1202 BOWER LANE THE VILLAGES EL 32159	lition	

Title: () Delete Title: VP (X) Change ( ) Addition TUROWSKI, WALTER A TUROWSKI, WALTER A Name: Name: 1424 ALMANZA DR Address: 1130 PELION PLACE

Address: THE VILLAGES, FL 32459 City-St-Zip: THE VILLAGES, FL 32162 City-St-Zip:

Title: Title: ( ) Delete (X) Change ( ) Addition Name: SCARBROUGH, KAREN Name: SCARBROUGH, KAREN

1424 ALMANZA DR Address: 1202 BOWER LANE Address: City-St-Zip: THE VILLAGES, FL 32459 City-St-Zip: THE VILLAGES, FL 32159

Title: () Delete Title: (X) Change ( ) Addition TUROWSKI, JÓAN A Name:

TUROWSKI, JÓAN A Name: Address: 1130 PELION PLACE City-St-Zip: THE VILLAGES, FL 32162

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN A TUROWSKI 04/30/2007 Τ