2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 16, 2007 08:00 AM Secretary of State

| DOCUMENT # P0400053171 1. Entity Name NATIONAL SEARCH CONSULTANTS, INC. | | | | - Andrewson Company Co | Se | cretary of Stat |
|--|--|--|-------------------------------|--|---------------------------------------|--|
| Principal Place of Bus 8853 NEW CASTLE FORT MYERS, FL 3. | DRIVE | Mailing Address 8853 NEW CASTLE DRIVE FORT MYERS, FL 33908 | | | | |
| DO NOT WRITE IN THIS SPA | | | CE | 07062007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired □ \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | ·, | | |
| CREECH, MARJORIE 8853 NEW CASTLE DRIVE FORT MYERS, FL 33908 | | | DO NOT WRITE IN THIS SPACE | | | |
| 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 punted name of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstaling) DATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Fine Trust Fund Contribution | | | | .00 May Se led to Fees | In accordance with corporation did no | n s. 607.193(2)(b), F.S., the treceive the prior notice, |
| 18. OFFICERS AND DIRECTORS | | | | | | |
| STREET ADDRESS 8853 | ECH, MARJOEĪĒ I NEW CASTLE DRIVE T MYERS, FL 33908 | | | | | |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE | | | | |
| TITLE NAME STREET ADDRESS | | | IN THIS SPACE | | | |

12. Thereby certify that the information supplied with this filling 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 like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-07

239 415-3732

HE SHOW TO TO TORSE MY STORY