


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90025 021 ***150.00

DOCUMENT # P04000053171

1. Entity Name
NATIONAL SEARCH CONSULTANTS, INC.



Principal Place of Business
**8853 NEW CASTLE DRIVE
 FORT MYERS, FL 33908**


Mailing Address
**8853 NEW CASTLE DRIVE
 FORT MYERS, FL 33908**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
507 W. Michigan Ave
 Suite, Apt. #, etc.

City & State
Jackson, MI

Zip Country
49201 USA



07072008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**CREECH, MARJORIE
 8853 NEW CASTLE DRIVE
 FORT MYERS, FL 33908**

4. FEI Number
20-0948867

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

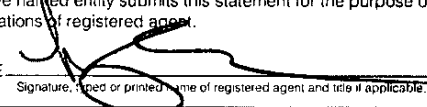
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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  DATE **7-10-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREECH, MARJORIE 8853 NEW CASTLE DRIVE FORT MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE:  DATE **7/10/08** DAYTIME PHONE # **239 415-3732**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR