2006 FOR PROFIT CORPORATION **ANNUAL REPORT** FILED. DOCUMENT # P04000098564 Mar 02, 2006 08:00 AM 1. Entity Name **Secretary of State** NATIONAL BUSINESS INVESTORS, INC. Principal Place of Business Mailing Address 500 S. AUSTRALIAN AVE 500 S. AUSTRALIAN AVE **STE 700** STE 700 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 02102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-2576711 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. DO NOT WRITE 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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 rea SIGNATURE e of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be U00000453661 Trust Fund Contribution Added to Fees 03/14/06-80031-004 150.00 10. OFFICERS AND DIRECTORS NAME PAGAN, RAMON 500 S. AUSTRALIAN AVE, STE 700 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE

DO NOT WRITE IN THIS SPACE

12. I hereby 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 supplies 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 of 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS CMY-ST-ZIP

CITY-ST-ZIP TITLE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

Not Applicable