FILED 2006 FOR PROFIT CORPORATION Jul 21, 2006 08:00 AN **ANNUAL REPORT** DOCUMENT # P04000160311 **Secretary of State** NATIONAL BUS CONSULTANTS, INC. Mailing Address Principal Place of Business 7385 CORTEZ LAKE DRIVE 7385 CORTEZ LAKE DRIVE DELRAY BEACH, FL 33446 DELRAY BEACH, FL: 33446 CR2E034 (11/05) 07142006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1711547 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. 1ITI F LEVITAN, DANIEL NAME STREET ADDRESS 7385 CORTEZ LAKE DRIVE CITY-ST-ZIP DELRAY BEACH, FL 33446 000000571631 ST TITLE 07/21/06-80004-004 158.75 SOLOMON, ALICE L NAME STREET ADDRESS 7385 CORTEZ LAKE DRIVE CITY-ST-ZIP DELRAY BEACH, FL 33446

DO NOT WRITE IN THIS SPACE

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 gill other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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CHATTER AND TYPED OR PRINTED NAME OF STORMING OFFICER OR DIRECTOR

7.14.06

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