


FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90007 045 ***558.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

EP DVN FOU!\$ P04000160311 2/ Entity Name NATIONAL BUS CONSULTANTS, INC.	
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Principal Place of Business 8496!DPSUR INBLFIESVW EFMBEZOCPED -JGM44557	Mailing Address 8496!DPSUR INBLFIESVW EFMBEZOCPED -JGM44557
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3/ Principal Place of Business - No P.O. Box # 7385 CORTEZ LAKE DR. DELRAY BEACH FL Suite, Apt. #, etc.	4/ Mailing Address 7385 Cortez Lake Dr. Suite, Apt. #, etc.
City & State DELRAY BEACH FL	City & State DELRAY BEACH FL
Zip 33446	Country

08012007 Di h.Q DS3F145!J23017*

5/ FEI Number 16-1711547	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6/ Certificate of Status Desired <input type="checkbox"/>	%0/86 Beejupobm Gf f ISf r vj s e

7/ Obn f lboe!Bees t t lpgDvss ouSf hjt u s e!Bhf ou FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132	8/ Obn f lboe!Bees t t lpgDvss ouSf hjt u s e!Bhf ou Name Street Address (P.O. Box Number is Not Acceptable) City GM Zip Code
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9/ 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 DANIEL LEVITAN Daniel Levitan 8.7.07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	10/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	%6/11 Nbz!Cf! Beef elup!G f t
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21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEVITAN, DANIEL 7385 CORTEZ LAKE DRIVE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SOLOMON, ALICE L 7385 CORTEZ LAKE DRIVE DELRAY BEACH, FL 33446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

23/ 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.

TJHOBVUSF: Daniel Levitan 8.7.07 561.498.3543
TJHOBVUSF: BOE!UZOF EIPSIGS.OUFEIOBNPOT.HOCHIPGGDFSPSIE.SFDUPS Date Daytime Phone #