


• **2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000160311</b>	
1. Entity Name <b>NATIONAL BUS CONSULTANTS, INC.</b>	

Principal Place of Business <b>7385 CORTEZ LAKE DRIVE DELRAY BEACH FL 33446</b>	Mailing Address <b>7385 CORTEZ LAKE DRIVE DELRAY BEACH FL 33446</b>
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2. Principal Place of Business - No P.O. Box # <b>7385 Cortez Lake Dr.</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc. <b>Delray Beach, FL</b>		Suite, Apt. #, etc.	
City & State		City & State	
Zip <b>33446</b>	Country <b>USA</b>	Zip	Country

1st MOORE CR2E034 (10/07)	
4. FEI Number <b>16-1711547</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 <b>Daniel D Levitan</b>	DATE <b>1-20-08</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. 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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <b>Daniel D Levitan</b>	DATE: <b>1-20-08</b> <b>561 4983543</b>