

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152478

FILED
Apr 19, 2009
Secretary of State

Entity Name: NATIONWIDE CATASTROPHE SERVICES, INC.

Current Principal Place of Business:

7862 W. IRLO BRONSON HWY
302
KISSIMMEE, FL 34747

New Principal Place of Business:

9640 BOGGY CREEK
4
ORLANDO, FL 34821

Current Mailing Address:

7862 W. IRLO BRONSON HWY
302
KISSIMMEE, FL 34747

New Mailing Address:

8131 VINELAND AVENUE
143
ORLANDO, FL 32821

FEI Number: 20-3800430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, TIMOTHY M
7862 W. IRLO BRONSON HWY
302
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

COX, TIMOTHY M
8131 VINELAND AVENUE
143
ORLANDO, FL 32821 US

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.

SIGNATURE: _____

04/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: COX, TIMOTHY M
Address: 7862 W. IRLO BRONSON HWY # 302
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: COX, TIMOTHY M
Address: 8131 VINELAND AVENUE, #143
City-St-Zip: ORLANDO, FL 32821

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHYCOX

CEO

04/19/2009

Electronic Signature of Signing Officer or Director

Date