


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90143 001 ***150.00

DOCUMENT # P05000157752	
1. Entity Name NATIONAL ESTATE BUYERS, INC.	

Principal Place of Business 8017 TIMBERLAKE LANE SARASOTA, FL 34243-3029	Mailing Address 8017 TIMBERLAKE LANE SARASOTA, FL 34243-3029
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2. Principal Place of Business 8017 Timberlake Ln	3. Mailing Address 642 Franklin Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Garden City
City & State Sarasota FL	City & State New York
Zip 34243 Country USA	Zip 11530 Country USA



07112006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3879223		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WASKOM, JOHN J ICARD, MERRILL, CULLIS, ET AL, P.A. 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name Waskom, John J Street Address (P.O. Box Number is Not Acceptable) ICARD, Merrill, Cullis ETAL, PA 2033 Main Street, Suite 600 City SARASOTA FL Zip Code 34237

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 *Eugene Parrella* DATE 7/12/06

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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRELLA, EUGENE 8017 TIMBERLAKE LANE SARASOTA, FL 342433029 <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	<input 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

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 all other like empowered.

SIGNATURE: *Eugene Parrella* DATE 7/12/06 516-746-6460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #