2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000031886

Entity Name: NAE SERVICES, INC.

FILED Jan 16, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

3375-G CAPITAL CIRCLE NE TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

3375-G CAPITAL CIRCLE NE TALLAHASSEE, FL 32308

FEI Number: 20-8621566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMSOM, W. FREDERICK
3375-G CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US
THOMSON, W. FREDERICK
3375-G CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US
TALLAHASSEE, FL 32308 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: W. FREDERICK THOMSON 01/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: D (X) Change () Addition Name: BROCK, HAROLD A JR BROCK, HAROLD A JR

Address: 1739 ARMISTEAD ROAD Address: 1739 ARMISTEAD ROAD City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

Title: DST () Delete Title: () Change () Addition

 Name:
 THOMSON, W. FREDERICK
 Name:

 Address:
 812 GREENBRIER LANE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

 Name:
 EMHOF, LESLIE S
 Name:

 Address:
 1525 KILLEARN CENTER BLVD
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:

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: W. FREDERICK THOMSON DST 01/16/2009