

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000097525

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** NATIONAL FINANCIAL ASSISTANCE BUREAU, INC.

**Current Principal Place of Business:**

1851 EXECUTIVE CENTER DR STE 200  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1851 EXECUTIVE CENTER DR STE 200  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 27-1412974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, LARRY  
3107 SPRING GLEN ROAD, #210  
JACKSONVILLE, FL 32207 US

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

COLEMAN, RANDY  
9250 BAYMEADOWS RD. #450  
JACKSONVILLE, FL 32256 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: RANDY COLEMAN

04/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: SMITH, LARRY  
Address: 3107 SPRING GLEN ROAD, #210  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP  
Name: PARKER, JONATHAN E  
Address: 13017 HARBORTON DR.  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: LARRY SMITH

PRES

04/12/2010

Electronic Signature of Signing Officer or Director

Date