2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P17603

Entity Name: NATIONAL SALES CO., INC. OF NEVADA

Current Principal Place of Business:

3001 N US 1
FORT PIERCE, FL 34948 US

New Principal Place of Business:

Current Mailing Address:

205 MARINA DRIVE
FORT PIERCE, FL 34949 US

New Mailing Address:

FEI Number: 88-0147287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEATON, CALVIN
205 MARINA DRIVE
FORT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KEATON, CALVIN
Address: 205 MARINA DRIVE
City-St-Zip: FT PIERCE, FL

Title: VP ( ) Delete
Name: KEATON, IDA
Address: 205 MARINA DRIVE
City-St-Zip: FT PIERCE, FL

Title: S ( ) Delete
Name: KEATON, LISA
Address: 205 MARINA DR
City-St-Zip: FT. PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KEATON, CALVIN
Address: 205 MARINA DRIVE
City-St-Zip: FT PIERCE, FL 34949

Title: VP (X) Change ( ) Addition
Name: KEATON, IDA
Address: 205 MARINA DRIVE
City-St-Zip: FT PIERCE, FL 34949

Title: S (X) Change ( ) Addition
Name: KEATON, LISA
Address: 205 MARINA DR
City-St-Zip: FT. PIERCE, FL 34949

I hereby certify that the information supplied with this filing does not qualify for the 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: CALVIN KEATON PD 04/26/2007

Electronic Signature of Signing Officer or Director Date