

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18349

FILED
Apr 27, 2008
Secretary of State

Entity Name: NATIONAL ASSISTANCE BUREAU INC

Current Principal Place of Business:

10800 ALPHARETTA HWY
SUITE 208 #665
ROSWELL, GA 30076

New Principal Place of Business:

Current Mailing Address:

10800 ALPHARETTA HWY
SUITE 208 #665
ROSWELL, GA 30076

New Mailing Address:

FEI Number: 35-1534209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILL, WILLIAM R
Address: 3138 VERDUN DRIVE NW
City-St-Zip: ATLANTA, GA 30305

Title: S () Delete
Name: SHMAYS, NANCY
Address: 589 ATLANTA STREET, STE A
City-St-Zip: ROSWELL, GA 30075

Title: D (X) Delete
Name: NORTELL, GUIA P MD
Address: 3688 CLOUDLAND DRIVE
City-St-Zip: ATLANTA, GA 30327

Title: D () Delete
Name: HARDY, MIKE
Address: 5911 REINHARDT DRIVE
City-St-Zip: FAIRWAY, KS 66205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SHMAYS, NANCY
Address: 589 ATLANTA STREET, STE A
City-St-Zip: ROSWELL, GA 30075

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY SHMAYS

SD

04/27/2008

Electronic Signature of Signing Officer or Director

Date