


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90035 003 ***150.00

DOCUMENT # P31727 1. Entity Name NTSI CORPORATION	
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Principal Place of Business NTSI 177 N CHURCH AVE, STE 610 TUCSON, AZ 85701 US	Mailing Address NTSI 1850 LEE ROAD, STE 122 WINTER PARK, FL 32789 US
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DO NOT WRITE IN THIS SPACE



03052007 No Chg-P CR2E034 (11/05)

4. FEI Number 94-2363798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINONES, CARY
1850 LEE RD, SUITE 122
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: **3/5/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

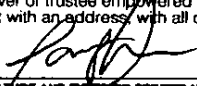
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HALLUMS, PAUL 177 N. CHURCH AVE, STE 610 TUCSON, AZ 85701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O CHASE, JEFFREY 177 N. CHURCH AVE, STE 610 TUCSON, AZ 85701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:  DATE: **3/5/07** 407-599-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT

40127798

P31727

July 26, 2007

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

To Whom It May Concern:

I am writing this letter in response to a notice of intent to dissolve received by our Florida Region. I am requesting that the \$400.00 late fee be waived due to lack of notification. We sent the check in the specified time frame, however, due to the moving of the Corporate Accounting Office from Tucson, AZ to Issaquah, WA, the completed form was not included. We never received notification of this and have still not received the check that you sent back. In light of this, I have included the completed form and the check for \$150.00 to cover our filing with you. If you have any questions or concerns, please direct them to me.

Respectfully,

Mary F. Gormley
Corporate Accounts Payable
NTSI
310 Third Ave. N.E. # 210
Issaquah, WA 98027
425-391-1884 Phone
425-391-9590 Fax