2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2005 8:00 am Secretary of State

DOCUMENT # P38713 1. Entity Name NST CORP. III							03-23-200		022 ***1	50.00
Principal Place of Business Mailing Address							40036	529		
6015 PARDEE RD.		7208 SAND LAKE ROAD						•		
TAYLOR, MI 48180		STE 202								
		ORLANDO, FL 32819 US				1 10011001 100	ina 1810 (2001 2009 1	rri Alexii Arelii Alexi		INN 17 PRO:
Principal Place of Business 3. Mailing Address										
z. Principai P	ace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04472005	Ch- D	CDOEOG	\	
						01172005	Chg-P	CHZEU	34 (10/03)	
City & State		City & State				4. FEI Numbe			1	plied For
- 10		7:-				38-2782	2259			t Applicable
Zip	Country Zip		Country			5. Certificate	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current F		Registered Agent			7Name.and	Address of New I				
				Name						
CT CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)						
1200 S. PINE ISLAND ROAD FORT LAUDERDALE, FL. 33324				011001710	1. 1) 666161			<u>-</u>		
TONT EAGDENDALE, TE 33324			!							1
			ŀ	City				FL	Zip Code	,
							6:		711	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.				· 🔲	\$5.0 Added	O May Be to Fees				
10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	IN 11
TITLE	P Delete		TITLE		P		•		Change ■ Change	Addition
NAME			HAME			omley, Randall E.				
STREET ADDRESS				T ADDRESS						
CITY+ST-ZIP	ORLANDO, FL			ST-ZIP	Orlai	lando, FL 32819				
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CITY-ST-ZIP		•		ST - ZIP						ĺ
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NAME	•		NAME	:						
STREET ADDRESS		<u> </u>	_ 8 :	T ADDRESS						
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR