2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000012163

Entity Name: NATIONAL TRANSPORTATION CONSULTANTS, INC.

FILED Mar 18, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
481 LAKES LAKE MAR	HORE DR. Y, FL 32746	US			
Current Mailing Address:			New Mailing Address:		
481 LAKESI LAKE MAR`	HORE DR. Y, FL 32746	US			
FEI Number:	59-3226796	FEI Number Applied For () FEI Num	nber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
YOUNG, RONALD G 481 LAKESHORE DR. LAKE MARY, FL 32746 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:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () D YOUNG, RONALD 481 LAKESHORE LAKE MARY, FL) G.	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition YOUNG, RONALD G. 481 LAKESHORE DR. LAKE MARY, FL 32746 US	
Title: Name: Address: City-St-Zip:	DST () D LUECKE, JUSTIN 10000 GATE PKV JACKSONVILLE,	E R VY N. #516	Title: Name: Address: City-St-Zip:	DST (X) Change () Addition LUECKE, JUSTINE R 216 CAMELLIA DR. SATSUMA, FL 32189 US	
Title: Name: Address: City-St-Zip:	D () D STROP, WILLIAM P.O. BOX 266 N/ ASTOR, FL 3210	I A	Title: Name: Address: City-St-Zip:	D (X) Change () Addition STROP, WILLIAM P.O. BOX 266 N/A ASTOR, FL 32102 US	
Title: Name: Address: City-St-Zip:	D () D ALLISON, ELIZAE P.O. BOX 266 N/ ASTOR, FL 3210	BETH B A	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ALLISON, ELIZABETH B P.O. BOX 266 N/A ASTOR, FL 32102 US	
Title: Name: Address: City-St-Zip:	D () D CHIVALETTE, JOI 104 VIA DE CASA BOYNTON BEACH	HN R S NORTE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CHIVALETTE, JOHN R 104 VIA DE CASAS NORTE BOYNTON BEACH, FL 33126 US	
Title: Name: Address:	D () D HUGHES, WAYMO 1445 CREVALLE	AVE.	Title: Name: Address:	D (X) Change () Addition HUGHES, WAYMOND C 1445 CREVALLE AVE.	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD G YOUNG DP 03/18/2008