2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000012163

FILED Apr 16, 2009 Secretary of State

Entity Name: NATIONAL TRANSPORTATION CONSULTANTS, INC.

Current Principal Place of Business:			New Principal Place of Business:	
481 LAKESHORE DR. LAKE MARY, FL 32746 US				
Current Mailing Address:			New Mailing Address:	
481 LAKESHORE DR. LAKE MARY, FL 32746 US				
FEI Number: 59-3226796		FEI Number Applied For () FEI Number Applied For ()	mber Not Applicable()	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	EDR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DST () E LUECKE, JUSTIN 216 CAMELLIA D SATSUMA, FL 32	R.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () E STROP, WILLIAM P.O. BOX 266 NA ASTOR, FL 3210	'A	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () C ALLISON, ELIZAE P.O. BOX 266 NA ASTOR, FL 3210	'A	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () C CHIVALETTE, JO 104 VIA DE CASA BOYNTON BEAC	AS NORTE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () C HUGHES, WAYM 1445 CREVALLE MERRITT ISLAND	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition
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 04/16/2009