
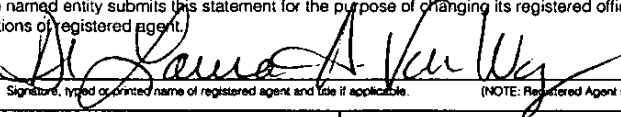
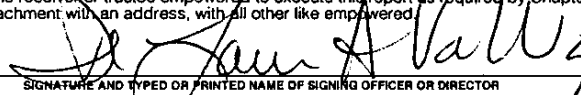


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90018 025 ***150.00

DOCUMENT # P94000053457			
1. Entity Name NATIONAL BOARD SPECIALISTS, INC.			
Principal Place of Business 2924 E 4TH COURT NEW PORT RICHEY, FL 34652		Mailing Address P.O. BOX 2630 DAVENPORT, IO 52809	
2. Principal Place of Business 9019 Long Lake Ave		3. Mailing Address PO Box 2630	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Brooksville, FL		City & State Davenport, IA	
Zip 34613		Zip 52809	
Country USA		Country USA	
4. FEI Number 59-3257262		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 BILLINGHAM, PETER A 905 M.L. KING DR. #610 TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name: Dr. Laura A. Van Wagoner Street Address (P.O. Box Number is Not Acceptable): 9019 Long Lake Ave City: Brooksville, FL Zip: 34613	
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: 3/9/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN WAGONER, LAURA A 2924 E 45TH COURT DAVENPORT, IA 52807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Van Wagoner, Laura A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 2630 Davenport, IA 52809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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: 		DATE: 3/9/05 (563) 359-8989	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	