Mar. 17. 2008 1:28PM

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State
03-21-2008 90019 037 ***150.00

DOCUMENT # P94000053457

1. Entity Name
NATIONAL BOARD SPECIALISTS, INC.

Principal Place of Business
9019 LONG LAKE AVE
BROOKSVILLE, FL 34613

Mailing Address
~~P.O. BOX 2630~~
~~DAVENPORT, IA 52809~~
9019 Long Lake Avenue
Brooksville, FL 34613

03172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	9019 Long Lake Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Brooksville, FL
Zip / Country	Zip: 34613 / Country

4. FEI Number: 59-3257262 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN WAGONER, LAURA A DR
9019 LONG LAKE AVE
BROOKSVILLE, FL 34613

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 P.O. BOX 2630 DAVENPORT, IA 52809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dr Van Wagoner, Laura A 9019 Long Lake Ave Brooksville, FL 34613	☒ Change ☐ Addition
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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: Laura A Va[signature] 3/17/08 352 597-1243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #