2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005
Secretary of State

DOCUMENT# P94000083091

Entity Name: NATIONAL AUTO INSURANCE SERVICES, INC.

Current Principal Place of Business:

4475 U.S. 1 SOUTH
SUITE 100
SAINT AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 355007
PALM COAST, FL 32135 US

New Mailing Address:

FEI Number: 59-3280128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOPER, JAMES W
17 GRANDVIEW DR
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COOPER, JAMES W
Address: 17 GRANDVIEW DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES W COOPER PRESIDENT PRES 07/18/2005

Electronic Signature of Signing Officer or Director Date