

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 A
Secretary of State

DOCUMENT # P95000002558
 1. Entity Name
NUCLEAR SERVICES & SUPPLIES OF AMERICA, INC.



Principal Place of Business 760 US HIGHWAY 1 SUITE 201 NORTH PALM BEACH, FL 33408	Mailing Address 760 US HIGHWAY 1 SUITE 201 NORTH PALM BEACH, FL 33408
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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3285760	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
**FRESE, GARY B
 930 S. HARBOR CITY BLVD.
 SUITE 505
 MELBOURNE, FL 32901**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES ROST, ROMAN C 760 US HIGHWAY 1, SUITE 201 NORTH PALM BEACH, FL 33408
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 01/19/06-80016-006 150.00

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: *Roman C. Rost* **Roman C. ROST, President** Jan 12, 2006 **(561) 776-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayenne Phone #