2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000007677

FILED Jan 07, 2008 Secretary of State

Entity Nam	e: NATIO	NAL BUSINES	S LIQUIDATORS,	INC.				
Current Principal Place of Business:				New Prin	New Principal Place of Business:			
820 W WAS ORLANDO,								
Current Mailing Address:				New Mail	New Mailing Address:			
820 W WAS ORLANDO,		ST.						
FEI Number: 5	59-3425056	FEI Number	Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Des	ired()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
CASWELL, 506 PUERT ALTAMONT	A COURT	AIG S, FL 32701	US					
The above r		ty submits this s	statement for the p	ourpose of changing	its registered	d office or registered ager	ıt, or both,	
SIGNATURI	E:							
	Electr	onic Signature	of Registered Age	ent		Date		
Election Cam	paign Financ	ing Trust Fund C	ontribution ().					
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name:		() Delete JOHN CRAIG		Title: Name:	T CASWELL, v	(X) Change()Addition JOHN CRAIG		

() Change () Addition

Address: 506 PUERTHA COURT Address: 506 PUERTA COURT City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: (X) Delete Title: CASWELL, JOHN CRAIG Name: Name: Address: 506 PUERTA CT Address: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: City-St-Zip:

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: KIMBERLY ANDERSON MS. 01/07/2008