

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90163 022 ***158.75

DOCUMENT # P97000016711 1. Entity Name NATIONAL INVESTMENT STRATEGIES, INC.					
Principal Place of Business 1815 N SURF RD STE 604H HOLLYWOOD, FL 33019 US			Mailing Address POBOX 218 DANIA, FL 33004-0218 US		
2. Principal Place of Business 1000 SW 11th Avenue		3. Mailing Address 			
Suite, Apt. #, etc. Blk E, #7		Suite, Apt. #, etc. 			
City & State Hallandale Beach FL		City & State 			
Zip 33009		Country Broward		Zip 	
Country 		4. FEI Number 65-0729866			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent REEVES, ALFRED 1815 N SURF RD STE 604 HOLLYWOOD, FL 33019			7. Name and Address of New Registered Agent 		
Name 			Street Address (P.O. Box Number is Not Acceptable) 		
City 			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 <u><i>Alfred Reeves</i></u> Alfred Reeves 4/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	DPST REEVES, ALFRED 1815 N SURF TF STE 604 HOLLYWOOD, FL 33019		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REEVES, DANA 1815 N SURF ROAD #604 HOLLYWOOD, FL 33019		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<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 <u><i>Alfred Reeves</i></u> Alfred Reeves 4/18/05 954-288-5341 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					