2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State 02-24-2006 90009 025 ***150.00 DOCUMENT # P97000038488 NATIONAL LIQUIDATION SERVICES, INC. 400-Principal Place of Business Mailing Address P 0 BOX 86 P O BOX 86 DELAND, FL 32721-0086 DELAND, FL 32721-0086 02222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3506771 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DELUCA, STEPHEN B DO NOT WRITE 927 S CLARA AVE DELAND, FL 32720 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. HILE DELUCA, STEPHEN B P O BOX 86 N/A STREET ADDRESS CITY-ST-ZIP **DELAND, FL 327210086** NAME STREET ADDRESS CHY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if er like empowered. 12. I hereby certify that the information su indicated on this report or supplement of the corporation or the receiver changed, or on an attachment w

FILED Feb 24, 2006 8:00 am