2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90105 007 ***158.75

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1. Entity Name
NCS TECHNICAL SERVICES CORPORATION

Principal Place of Business	Mailing Address
14499 NO. DALE MABRY HWY.,STE.201 TAMPA, FL 33618	14499 NO. DALE MABRY HWY.,STE.201 TAMPA, FL 33618

02152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
5910 Benjamin Center Dr		5910 Benjamin Center Dr	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Tampa, Fl		City & State Tampa, FL	
Zip 33634	Country USA	Zip 33634	Country USA

4. FEI Number 59-3544320 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUSH, BRIAN P ESQ.
11018 NO. DALE MABRY HWY.,STE.404
TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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: ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DC MILLER, DANIEL P 14499 NO. DALE MABRY HWY.,STE.201 TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5910 Benjamin Center Dr., Ste 100 Tampa, Fl 33634
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT BAILEY, BARNEY 14499 NO. DALE MABRY HWY.,STE.201 TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5910 Benjamin Center Dr., Ste. 100 Tampa, Fl 33634
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOV PAYNE, VINCENT J 14499 N DALE MABRY HWY, STE 201 TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5910 Benjamin Center Dr., Ste 100 Tampa, FL 33634
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 2/21/07 813-962-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #