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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02152006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000084596

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

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	7. Name and Address of New Registered Agent
RUSH, BRIAN P ESQ. 11018 NO. DALE MABRY HWY.,STE.404 TAMPA, FL 33618	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: _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DC ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MILLER, DANIEL P	NAME	
STREET ADDRESS	14499 NO. DALE MABRY HWY.,STE.201	STREET ADDRESS	5910 Benjamin Center Dr., Ste 100
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP	Tampa, Fl 33634
TITLE	DPT ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	BAILEY, BARNEY	NAME	
STREET ADDRESS	14499 NO. DALE MABRY HWY.,STE.201	STREET ADDRESS	5910 Benjamin Center Dr., Ste. 100
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP	Tampa, Fl 33634
TITLE	CFOV ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	PAYNE, VINCENT J	NAME	
STREET ADDRESS	14499 N DALE MABRY HWY, STE 201	STREET ADDRESS	5910 Benjamin Center Dr., Ste 100
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP	Tampa, FL 33634
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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