## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 24, 2007 8:00 am Secretary of State **DOCUMENT # P99000012480** 04-24-2007 90015 030 \*\*\*150.00 NATIONAL COMMERCIAL SERVICES, INC. Principal Place of Business Mailing Address 40079295 610 W. LAS OLAS BLVD P.O. BOX 1005 FORT LAUDERDALE, FL 33312 AUBURNDALE, FL 33823 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4.0. Box 1005 Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0897910 Auhurn Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired POIX Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 10-tor Irojano GUGEL, DONALD Street Address (P.O. Box Number is Not Acceptable) 610 W. LAS OLAS BLVD FORT LAUDERDALE, FL 33312 Tennessee ake 8. The above named entity submits this statement for the p proose 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 (NOTE: B istered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Delete TITLE ☐ Addition Gugel, Charles E. P.O. Box 1005 NAME GRUGEL, CHARLES E NAME STREET ADDRESS 610 W LAS OLAS BLVD STREET ADDRESS FORT LAUDERDALE, FL 33312 CDV-ST-7IP CITY-ST-7IP Auburndale, Fl. TELLE ☐ Delete TTR F ☐ Addition augel, Donald GRUGEL, DONALD NAME NAME STREET ADDRESS 610 W LAS OLAS BLVD STREET ADORESS P.O. BOX 976 CTTY-ST-71P FORT LAUDERDALE, FL 33312 CITY-ST-ZIP F1.33827 Auburndule. TITLE Delete TITLE ☐ Change ☐ Addition NAMÉ 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-7IP ☐ Delete ПΠЕ ☐ 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-7IP

12. I hereby certify that the information supplied with this filling 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 ceth; 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

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