## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 08:00 AN Secretary of State

DOCUMENT # S04346  1. Entity Name NATIONAL AUCTION SALES COMPANY, INC.					Sec	cretary of Stat
1325 S CON STE 202	ce of Business IGRESS AVE ICH., FL 33426 US	Mailing Address 1325 S CONGRESS AVE STE 202 BOYNTON BCH., FL 33426	US <sup>20</sup>			
DO NOT WRITE IN THIS SPA			CE	04142006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For Not Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RICHARDS, GEORGE L 1325 S CONGRESS AVE STE 202 BOYNTON BCH., FL 33426					NOT WE	
8. The above the obligate SIGNATURE.	named entity submits this statement for the registered agent.  Signature, typed or printed name of registered agent and		ed office or register	<u> </u>	, in the State of Floric	DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees		
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS	OFFICERS AND DIE P RICHARDS, GEORGE L. 1325 S CONGRESS AVE BOYNTON BCH., FL	RECTORS				13567 0135-008 150.00
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		4,			NOT WE HIS SPA	

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 of 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 faceiver 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 561-364-7004
Date Date Date Phone K