

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000007449

1. Entity Name
NBS GOVERNMENT FINANCE GROUP INC.



Principal Place of Business
32605 HIGHWAY 79 SOUTH, SUITE 100
TEMECULA, CA 92592

Mailing Address
32605 HIGHWAY 79 SOUTH, SUITE 100
TEMECULA, CA 92592



03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0712512

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 EAST 6TH AVE.
TALLAHASSEE, FL 32303

**DO NOT WRITE
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.

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
RENTNER, MICHAEL
42178 FABER COURT
TEMECULA, CA 92592

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
STEARNS, MIKE
44770 MAYBERRY AVE.
HEMET, CA 92544

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRUDIN, MATT
43065 WHITTIER AVE.
HEMET, CA 92544

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILTON, DENISE
1440 FRANCISCO STREET
SAN FRANCISCO, CA 94123

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FORD, MIKE
1103 RIPPEY ST
EL CAJON, CA 92020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAUVAJOT, JOHN
6902 WALLSEY DR
SAN DIEGO, CA 92119

U00000681882
04/04/07-80063-013 150.00

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IN THIS SPACE**

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:

M. J. Rentner MICHAEL RENTNER

3/21/07 951-296-1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #