


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90393 034 \*\*\*150.00

<b>DOCUMENT # F05000007449</b>	
1. Entity Name <b>NBS GOVERNMENT FINANCE GROUP INC.</b>	

Principal Place of Business <b>32605 HIGHWAY 79 SOUTH, SUITE 100 TEMECULA, CA 92592</b>	Mailing Address <b>32605 HIGHWAY 79 SOUTH, SUITE 100 TEMECULA, CA 92592</b>
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2. Principal Place of Business - No P.O. Box # <b>32605 TEMECULA PARKWAY</b>	3. Mailing Address <b>32605 TEMECULA PARKWAY</b>
Suite, Apt. #, etc. <b>100</b>	Suite, Apt. #, etc. <b>100</b>
City & State <b>TEMECULA CA</b>	City & State <b>TEMECULA CA</b>
Zip <b>92592</b>	Country <b>USA</b>



04152008 Chg-P CR2E034 (12/06)

4. FEI Number <b>33-0712512</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>PARACORP INCORPORATED 236 EAST 6TH AVE. TALLAHASSEE, FL 32303</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 reappointing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	PS RENTNER, MICHAEL 42178 FABER COURT TEMECULA, CA 92592 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RENTNER, MICHAEL 41997 Niblick Road TEMECULA CA 92591 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEARNS, MIKE 44770 MAYBERRY AVE. HEMET, CA 92544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUDIN, MATT 43065 WHITTIER AVE. HEMET, CA 92544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILTON, DENISE 1440 FRANCISCO STREET SAN FRANCISCO, CA 94123 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, MIKE 1103 RIPPEY ST EL CAJON, CA 92020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUVAJOT, JOHN 6902 WALLSEY DR SAN DIEGO, CA 92119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: M. I. Rentner **MICHAEL RENTNER** 4/22/08 951-296-1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR