

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90037 011 ***150.00

| | | | | | |
|--|----------------------------------|--|--|--|--|
| DOCUMENT # P14085 | | | |  | |
| 1. Entity Name NAMASCO CORPORATION | | | | | |
| Principal Place of Business 907 S. 20TH STREET TAMPA, FL 33605 | | | Mailing Address 500 COLONIAL CENTER PKWY STE 500 ROSWELL, GA 30076 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 38-0246626 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BOEDEKER, JAMES 907 S 20TH STREET TAMPA, FL 33605 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | O | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, CHRIS | | NAME | | |
| STREET ADDRESS | 500 COLONIAL CENTER PKWY STE 500 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROSWELL, GA 30075 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUHLE, GISBERT | | NAME | | |
| STREET ADDRESS | 500 COLONIAL CENTER PKWY STE 500 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROSWELL, GA 30076 | | CITY-ST-ZIP | | |
| TITLE | CD | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUDWIG, THOMAS | | NAME | | |
| STREET ADDRESS | 500 COLONIAL CENTER PKWY STE 500 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROSWELL, GA 30097 | | CITY-ST-ZIP | | |
| TITLE | VTS | <input type="checkbox"/> Delete | TITLE | VTS/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHNSON, KIRK A | | NAME | | |
| STREET ADDRESS | 500 COLONIAL CENTER PKWY STE 500 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROSWELL, GA 30076 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PARTALIS, WILLIAM | | NAME | | |
| STREET ADDRESS | 500 COLONIAL CENTER PKWY STE 500 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROSWELL, GA 30076 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Amy Heustess</u> <u>AMY HEUSTESS</u> <u>3-17-08</u> <u>678-259-8830</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>DIRECTOR OF ACCT</u> Date Daytime Phone # | | | | | |



ATTACHMENT

40055841

#P/4085

V/D

MARK BRECKHEIMER

500 COLONIAL CTR PKWY, STE 500
ROSWELL, GA 30076

DIRECTOR OF ACCOUNTING

AMY HEUSTESS

500 COLONIAL CTR. PKWY, STE 500
ROSWELL, GA 30076