

2005 FOR PROFIT CORPORATION ANNUAL REPORT


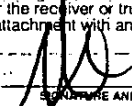
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Feb 01, 2005 8:00 am
Secretary of State

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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # F02000003985			
1. Entity Name NATIONAL LEISURE GROUP INC.			
Principal Place of Business 100 SYLVAN ROAD, SUITE 600 WOBURN, MA 01801		Mailing Address 100 SYLVAN ROAD, SUITE 600 WOBURN, MA 01801	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 04-3259479		Applied For <input type="checkbox"/> Not Applicable	
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	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing - \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P GOWELL, AARON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOWELL, AARON	NAME	
STREET ADDRESS	100 SYLVAN ROAD, SUITE 600	STREET ADDRESS	
CITY-ST-ZIP	WOBURN, MA 01801	CITY-ST-ZIP	
TITLE	VS SPOHN, STEPHEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOHN, STEPHEN	NAME	
STREET ADDRESS	100 SYLVAN ROAD, SUITE 600	STREET ADDRESS	
CITY-ST-ZIP	WOBURN, MA 01801	CITY-ST-ZIP	
TITLE	D MURRAY, STEPHEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, STEPHEN	NAME	
STREET ADDRESS	1188 CENTER STREET	STREET ADDRESS	
CITY-ST-ZIP	NEWTON CENTER, MA 02459	CITY-ST-ZIP	
TITLE	D HIPPEAU, ERIC <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIPPEAU, ERIC	NAME	
STREET ADDRESS	28 EAST 28TH ST., 15TH FLOOR	STREET ADDRESS	1188 Center Street
CITY-ST-ZIP	NEW YORK, NY 10016	CITY-ST-ZIP	Newton Center, MA 02459
TITLE	D CUTLER, JOEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, JOEL	NAME	
STREET ADDRESS	800 BOYLSTON ST., STE 400	STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 02199	CITY-ST-ZIP	
TITLE	P GERSTNER, BRADLEY <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERSTNER, BRADLEY	NAME	Director
STREET ADDRESS	100 SYLVAN RD., STE 600	STREET ADDRESS	Paul Reeder
CITY-ST-ZIP	WOBURN, MA 01801	STREET ADDRESS	One International Place, Suite 2401
		CITY-ST-ZIP	Boston, MA 02110
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: 1/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 017-424-7990	