


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000003985
1. Entity Name
NATIONAL LEISURE GROUP INC.



Principal Place of Business Mailing Address
100 SYLVAN ROAD, SUITE 600 **100 SYLVAN ROAD, SUITE 600**
WOBURN, MA 01801 **WOBURN, MA 01801**

U00000438889
03/01/06-80024-006 150.00



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3259479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P GOWELL, AARON 100 SYLVAN ROAD, SUITE 600 WOBURN, MA 01801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SPOHN, STEPHEN 100 SYLVAN ROAD, SUITE 600 WOBURN, MA 01801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, STEPHEN 1188 CENTER STREET NEWTON CENTER, MA 02459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIPPEAU, ERIC 1188 CENTER STREET NEWTON CENTER, MA 02459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTLER, JOEL 800 BOYLSTON ST., STE 400 BOSTON, MA 02199
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEDER, PAUL ONE INTRNATIONAL PLACE, ST 2401 BOSTON, MA 02110

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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: Stephen Spohn, CFO 1/9/06 617-424-7990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #