


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90091 023 ****61.25

DOCUMENT # F07000005047

1. Entity Name
THE NATIONAL WORLD WAR II MUSEUM, INC.



Principal Place of Business 945 MAGAZINE ST. NEW ORLEANS, LA 70130	Mailing Address 945 MAGAZINE ST. NEW ORLEANS, LA 70130
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DO NOT WRITE IN THIS SPACE



04022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 72-1200790	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

CORPORATE CREATIONS NETWORK, INC.
 11380 PROSPERITY FARMS ROAD #221E
 PALM BEACH GARDENS, FL 33410

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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 MUELLER, GORDON H 945 MAGAZINE ST. NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MACKIE, REBECCA 945 MAGAZINE ST. NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILSON, GOVERNOR P 945 MAGAZINE ST. NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SATRE, PHILIP G 945 MAGAZINE ST. NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOUILLION, HAROLD J 945 MAGAZINE ST. NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATTAROZI, RICHARD A 945 MAGAZINE ST. NEW ORLEANS, LA 70130

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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 617, 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 WATSON 4/4/08 804 527602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #