## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # G90790

NPI CAPITAL CORPORATION

**FILED** Mar 06, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

1010 RACQUET CLUB DR, STE 103 AUBURN, CA 95603 US

Mailing Address

1010 RACQUET CLUB DR, STE 103 AUBURN, CA 95603



## DO NOT WRITE IN THIS SPACE

03022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2405701

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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8.	The above hamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	I am lemiliar with, and accept
	the obligations of registered agent.	

(NOTE: Registered Agent signature required when reinstalling)

Signature, typed or printed name of registered agent and title if applicable

DATE

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

11111111111457387 03/17/06-80002-014 150.00

OFFICERS AND DIRECTORS 10. TITLE NAME CASPER, JOHN P. STREET ACCRESS 1010 RACQUET CLUB DR, STE 103 CITY-ST-ZIP AUBURN, CA 95603 TITLE NAME CASPER, JOHN P. STREET ADDRESS 1010 RACQUET CLUB DR, STE 103 Caty-St-2@ AUBURN, CA 95603 TITLE CASPER, JOHN P NAME STREET ADDRESS 1010 RACQUET CLUB DR, STE 103 CITY-ST-ZIP AUBURN, CA 95603 TITLE NAME CASPER, JOHN P STREET ADDRESS 1010 RACQUET CLUB DR, STE 103 CITY-ST-ZIP AUBURN, CA 95603 1117E NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not quality 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 resolver 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 all address, with all other like empowered.

JOHN P. CAPPER

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR