

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009719

FILED
Apr 30, 2007
Secretary of State

Entity Name: NARWHAL VETERANS, INC.

Current Principal Place of Business:

6708 IMPERIAL OAK LANE
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

6708 IMPERIAL OAK LANE
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 20-0370766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLEVINS, TIMOTHY D
6708 IMPERIAL OAK LANE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: BLEVINS, TIMOTHY D
Address: 6708 IMPERIAL OAK LANE
City-St-Zip: ORLANDO, FL 32819 US

Title: T () Delete
Name: CROUCH, BUCK
Address: 530 BONAIR PL.
City-St-Zip: LAJOLLA, CA US

Title: VP () Delete
Name: DAVENPORT, JOHN
Address: 542 LOWELL RD.
City-St-Zip: WARMINISTER, PA US

Title: S () Delete
Name: O'BYRNE, MIKE
Address: 4224 HUNTS PT. RD.
City-St-Zip: BELLEVUE, WA US

Title: P () Delete
Name: LEGG, MICHAEL
Address: 51 GOUCHER WOODS CT.
City-St-Zip: BALTIMORE, MD 21286 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY D. BLEVINS

EVP

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date