2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000053253

1. Entity Name
NP IX, INC.

Principal Place of Business	Mailing Address
C/O NOBLE MANAGEMENT CO. 5819 LAKE WORTH RD GREENACRES, FL 33463	C/O NOBLE MANAGEMENT CO. 5819 LAKE WORTH RD GREENACRES, FL 33463

04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2365926
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIDEL, PETER S
C/O NOBLE MANAGEMENT CO.
5819 LAKE WORTH RD
GREENACRES, FL 33463

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

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	P
NAME	HART, JOEL B
STREET ADDRESS	5821-C LAKE WORTH RD
CITY-ST-ZIP	GREENACRES, FL 33463
TITLE	D
NAME	HART, JOEL B
STREET ADDRESS	5821-C LAKE WORTH RD
CITY-ST-ZIP	GREEN ACRES, FL 33463
TITLE	D
NAME	FORBURGER, PAUL
STREET ADDRESS	5821-C LAKE WORTH RD
CITY-ST-ZIP	GREENACRES, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000546431
05/11/06-80114-019 150.00

DO NOT WRITE IN THIS SPACE

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 any address with all other like empowered.

SIGNATURE: Paul Forburger VP 4/25/06 561-966-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #