2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000076737

1. Entity Name
NAACC, INC

FILED
05 SEP 23 PM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/10/2005 90047 040 $150.00
09212005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
2400 W CYPRESS CREEK RD SUITE 150 FT LAUDERDALE, FL 33309	2400 W CYPRESS CREEK RD SUITE 150 FT LAUDERDALE, FL 33309

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1348057 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PALIMINO, ROBERT 2400 W CYPRESS CREEK RD SUITE 150 FT LAUDERDALE, FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MAGRO, ERIC 2400 W. CYPRESS CREEK RD., STE 150 FT. LAUDERDALE, FL 33309 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Robert Palimino 2400 W. Cypress Creek Rd Ste 150 Ft. Lauderdale, FL 33309 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) 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: Eric Magro 9-21-05 954-545-4255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2952

N.A.A.C.C., INC.

2400 NW 62nd St, Suite 150, Fort Lauderdale, FL 33309
Phone: 954-545-4250 Fax: 954-545-4252

September 21, 2005

Dept. Of State
Division Of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl 32301

To Whom It May Concern:

We sent in our paperwork back in June. You show $150.00 on record for us from that time. We never got our original notice nor did we get the one from June. Here is the corrected form you require to reinstate our corporation. Please let us know if you need anything else.

Sincerely,

Jim Thorpe
General Manager