


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90044 042 ***150.00

DOCUMENT # P07000071228	
1. Entity Name NATIONAL EGG DONATION AND SURROGACY, INC.	

Principal Place of Business 5460 REGENTS VILLAGE DRIVE WINSTON-SALEM, NC 27104	Mailing Address 353 JONESTOWN ROAD SUITE 202 WINSTON-SALEM, NC 27104
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2. Principal Place of Business - No P.O. Box # 8100 Glengariff Road	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clemmons, NC	City & State
Zip 27012	Country USA

40017000



01302008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0400897	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 AGENTS AND CORPORATIONS, INC. 300 FIFTH AVENUE SOUTH SUITE 101-330 NAPLES, FL 34102	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVT TULLY, MARINA L.C. 5460 REGENTS VILLAGE DRIVE WINSTON-SALEM, NC 27104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8100 Glengariff Rd. Clemmons, NC 27012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TULLY, WILLIAM L 5460 REGENTS VILLAGE DRIVE WINSTON-SALEM, NC 27104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8100 glengariff Rd. Clemm, NC 27012
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: Marina R.C. Tully **01-30-2008 (336) 712-9891**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #