2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 8:00 am Secretary of State

1. Entity Name	MENT # 34129 • N SALES, INC.	9					01-25-2007 9	90057 03	7 ***150	0.00
Principal Place			ailing Address		L			•		
1520 S HWY 15-A Deland, Fl. 32720			P.O. BOX 144 Deland, Fl. 32721							
2. Principal Pl	lace of Business - No P.O. B	ox # 3.	Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01172007	Chg-P	CR2E03	4 (12/06)	
City & State			City & State			4. FEI Number 59-12329	956		·	plied For at Applicable
Zip Country			Zip	Country		5. Certificate of	Status Desired		8.75 Add	litional
6. Name and Address of Current Registered Agent						7. Name and A	ddress of New R	egistered A	gent	
SACKMAN	I, ROBERT H				Name					
7031 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169				Street Address (P.O. Box Number is Not Acceptable)						
					City			E1	Zip Code	e
The above named entity submits this statement for the purpose of changing its regis				rogietor		FL '				
	ions of registered agent.	atement to the	purpose or changing its	register	ed office of Teglister	red agent, or both,	III tilo State oi rio	rida. Falli i	2111141621 VVI(II),	and accept
SIGNATURE_	Signature, typed or printed name of reg	estered agent and little	if applicable (NOT	E Registere	ad Agent signature require	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150 ay 1, 2007 Fee will be		9. Election Campa Trust Fund Cont			.00 May Be led to Fees				
	ay 1, 2007 Fee will be		Trust Fund Cont		☐ Ādio	led to Fees	HANGES TO OFFI	ICERS AND	DIRECTORS	
After Ma	ay 1, 2007 Fee will be OFFIC PD	• \$550.00 	Trust Fund Cont	11.	Add	led to Fees	HANGES TO OFFI	ICERS AND	DIRECTOR:	S IN 11
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12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shell have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-20-06/1347278

Daytime Phone #