



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90329 028 ***150.00

DOCUMENT # 560941 1. Entity Name NATION MOTOR CLUB, INC.			
Principal Place of Business 1108 E. NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442		Mailing Address 1108 E. NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442 US	
2. Principal Place of Business 800 Yamato Rd Suite, Apt. #, etc. 100 City & State Boca Raton, FL Zip 33431 Country USA		3. Mailing Address 800 Yamato Rd Suite, Apt. #, etc. 100 City & State Boca Raton, FL Zip 33431 Country USA	
			
		04192006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-1807382		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENNELLA, FRANK 1108 E. NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENNELLA, FRANK	NAME	
STREET ADDRESS	1108 E. NEWPORT CENTER DRIVE	STREET ADDRESS	800 Yamato Rd Ste 100
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	VP	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ANDREW	NAME	
STREET ADDRESS	1108 E. NEWPORT CENTER DRIVE	STREET ADDRESS	800 Yamato Rd Ste 100
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	Boca Raton, FL 33431
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/15/06 <small>Daytime Phone #</small>	