## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000000268

Entity Name: NORKUS, TOMPOS & ASSOCIATES, INC.

FILED Jan 05, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
305 N. OA NAPPANE	AKLAND AVE. EE, IN 46550				
Current N	Mailing Addre	ess:	New Mailing Addres	New Mailing Address:	
P.O. BOX NAPPANE	(490 EE, IN 46550				
FEI Numbei	r: 35-1359368	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1200 SOL	PORATION SY JTH PINE ISLA TION, FL 3332	AND ROAD			
		submits this statement for the	nurnoso of changing its registers		
iii tiio Otat	te of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU		submits this statement for the	purpose or changing its registere	d office or registered agent, or both,	
	IRE:	nic Signature of Registered Ag		d office or registered agent, or both,  Date	
SIGNATU	IRE:Electro				
SIGNATU	IRE:Electro	nic Signature of Registered Ag	ent		
SIGNATU	Electro	onic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete VID R UND AVE.	ent	Date	
SIGNATU  Election Ca  OFFICER  Title: Name: Address:	Electro Electro Empaign Financir ES AND DIREC VS ( TOMPOS, DAY 305 N. OAKLA NAPPANEE, II	onic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete VID R  ND AVE.  N 46550  ) Delete VID A  ND AVE	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DAVID A. TOMPOS	Р	01/05/2006
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