

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003985

FILED
Apr 14, 2009
Secretary of State

Entity Name: NATIONAL LEISURE GROUP INC.

Current Principal Place of Business:

100 SYLVAN ROAD, SUITE 600
WOBURN, MA 01801

New Principal Place of Business:

Current Mailing Address:

100 SYLVAN ROAD, SUITE 600
WOBURN, MA 01801

New Mailing Address:

FEI Number: 04-3259479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
STE 10
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P&C () Delete
Name: TOLKIN, BRADLEY
Address: 10 HARBOR PARK DR
City-St-Zip: PORT WASHINGTON, NY 11050

Title: P&C () Delete
Name: TOLKIN, JEFFREY
Address: 10 HARBOR PARK DR
City-St-Zip: PORT WASHINGTON, NY 11050

Title: ST () Delete
Name: GRAFF, DONALD C
Address: 100 SYLVAN ROAD, SUITE 600
City-St-Zip: WOBURN, MA 01801

Title: D () Delete
Name: RISHER, JAY
Address: 19292 SAWGRASS LANE
City-St-Zip: HUNTINGTON BEACH, CA 92648

Title: D () Delete
Name: ERMONGENOUS, THEODORE
Address: 162-21 POWELLS COVE BLVD
City-St-Zip: BEECHURST, NY 11357

Title: D () Delete
Name: COUGENTAKIS, FRANK
Address: 100 SYLVAN ROAD, SUITE 600
City-St-Zip: WOBURN, MA 01801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONALD C. GRAFF

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04/14/2009

Electronic Signature of Signing Officer or Director

Date