

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004954

Entity Name: NAPPI, INC.

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

28 BATES STREET
LEWISTON, ME 04240 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 507
NEW HARTFORD, CT 060570507 US

New Mailing Address:

FEI Number: 01-0406356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: LALEMAND, KURK
Address: 11 MOUNTAIN VIEW DRIVE
City-St-Zip: MINOT, ME 04258 US

Title: VD () Delete
Name: BONA, BRUCE J
Address: 592 RHOADES & BAILEY ROAD
City-St-Zip: NEW MARLBOROUGH, MA 01259

Title: CLRK () Delete
Name: CARPENTER, JOHN L
Address: 100 MIDDLE STREET POB 9729
City-St-Zip: PORTLAND, ME 04104

Title: TD () Delete
Name: BONA, JOHN G
Address: 132 BURWELL ROAD P.O. BOX 507
City-St-Zip: NEW HARTFORD, CT 06007

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
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 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: JOHN G. BONA

TD

04/29/2006

Electronic Signature of Signing Officer or Director

Date