2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003154

Entity Name: NMP GOLF CONSTRUCTION CORP.

FILED Apr 05, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

42 DAVIS ROAD 25 BISHOP AVENUE, SUITE A-2 ACTON, MA 02038 WILLISTON, VT 05495

Current Mailing Address: New Mailing Address:

42 DAVIS ROAD 25 BISHOP AVENUE, SUITE A-2 ACTON, MA 02038 WILLISTON, VT 05495

FEI Number: 58-2398286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPST () Delete Title: CPST (X) Change () Addition

 Name:
 POIRIER, NORMAND
 Name:
 POIRIER, NORMAND

 Address:
 42 DAVIS ROAD
 Address:
 25 BISHOP AVENUE, SUITE A-2

 City-St-Zip:
 ACTON, MA 02038
 City-St-Zip:
 WILLISTON, VT 05495

Title: D () Delete Title: D (X) Change () Addition
Name: POIRIER, ALAIN Name: POIRIER, ALAIN

 Address:
 42 DAVIS ROAD
 Address:
 25 BISHOP AVENUE, SUITE A-2

 City-St-Zip:
 ACTON, MA 02038
 City-St-Zip:
 WILLISTON, VT 05495

Title: DVP () Delete Title: DVP (X) Change () Addition

 Name:
 POIRIER, MARIO
 Name:
 POIRIER, MARIO

 Address:
 42 DAVIS ROAD
 Address:
 25 BISHOP AVENUE, SUITE A-2

 City-St-Zip:
 ACTON, MA 02038
 City-St-Zip:
 WILLISTON, VT 05495

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NORMAND POIRIER CPST 04/05/2005