2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005157

Entity Name: NNN ACQUISITIONS, INC.

FILED Apr 25, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
SUITE 900	H ORANGE A')), FL 32801	VE.			
Current Mailing Address:			New Mailing Address:		
SUITE 900	H ORANGE A')), FL 32801	√E.			
FEI Number	: 41-2183876	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Statu	us Desired ()
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered	Agent:
1200 SOU	PORATION SYS TH PINE ISLAI ON, FL 33324	ND ROAD			
The above in the State	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered	d agent, or both,
SIGNATU	RE:				
		ic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	MACNAB, CRA	ANGE AVE. SUITE 900	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MACNAB, CRAIG 450 SOUTH ORANGE AVE. SUITE 9 ORLANDO, FL 32801 US	
Title: Name: Address: City-St-Zip:	HABICHT, KEV	ANGE AVE. SUITE 900	Title: Name: Address: City-St-Zip:	DVT (X) Change () Addition HABICHT, KEVIN B 450 SOUTH ORANGE AVE. SUITE 9 ORLANDO, FL 32801 US	
Title: Name: Address: City-St-Zip:	WHITEHURST,	ANGE AVE. SUITE 900	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition WHITEHURST, JULIAN E 450 SOUTH ORANGE AVE. SUITE 9 ORLANDO, FL 32801 US	
Title: Name: Address: City-St-Zip:	TESSITORE, C	Delete HRISTOPHER P ANGE AVE. SUITE 900 32801	Title: Name: Address: City-St-Zip:	S (X) Change () Addition TESSITORE, CHRISTOPHER P 450 SOUTH ORANGE AVE. SUITE 9 ORLANDO, FL 32801 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	V () Change (X) Addition BAYER, PAUL E 450 SOUTH ORANGE AVE. SUITE 9 ORLANDO. FL 32801 US	

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: CHRISTOPHER P. TESSITORE S 04/25/2007