


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F60796 1. Entity Name NAMREVO ENTERPRISES, INC.	
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Principal Place of Business 15606 BERA DR ODESSA, FL 33556 US	Mailing Address P. O. BOX 272420 TAMPA, FL 33688 US
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DO NOT WRITE IN THIS SPACE



08032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2209360	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OVERMAN LABROSSE, LISA
15606 BERA DRIVE
ODESSA, FL 33556

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD OVERMAN-LABROSSE, LISA 15606 BERA ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OVERMAN, THERON 6829 TRIER ROAD FT WAYNE, IN 46815
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa Overman LaBrosse* Lisa Overman LaBrosse 8/3/06 813-245-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #