2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000317

Entity Name: NATIONAL PREMIUM AND MERCHANDISING, INC.

FILED Mar 18, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
N 26 W 23315 PAUL RD PEWAUKEE, WI 53072					
Current Mailing Address:			New Mailing Address:		
PO BOX 547 PEWAUKEE, WI 53072					
FEI Number: 39-1133200 FEI Number Applied For () FEI Number			nber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
GLEASON, JOHN W 1485 SW 6TH COURT POMPANO BEACH, FL 33069 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:					
	Electroni	c Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CPT () SCHMIDT, RICH 804 N PINYON O HARTLAND, WI	СТ	Title: Name: Address: City-St-Zip:	P (X) Change () Addition SCHMIDT, RICHARD A 804 N PINYON CT HARTLAND, WI 530298662	
Title: Name: Address: City-St-Zip:	VSD () SCHMIDT, KAY 804 N PINYON O HARTLAND, WI	СТ	Title: Name: Address: City-St-Zip:	S (X) Change () Addition SCHMIDT, KAY W 315 S11 804 N PINYON CT HARTLAND, WI 530298662	
Title: Name: Address: City-St-Zip:	D () COLOMBE, TIM 457 PARK AVEN PEWAUKEE, W	IUE	Title: Name: Address: City-St-Zip:	V (X) Change () Addition LILLUND, WARREN 4912 HOLLYWOOD AVE WHITEFISH BAY, WI 53217	
Title: Name: Address: City-St-Zip:	VPC () GLEASON, JOH W276 N2613 LII PEWAUKEE, W	LY CTE	Title: Name: Address: City-St-Zip:	V (X) Change () Addition GLEASON, JOHN W W276 N2613 LILY CTE PEWAUKEE, WI 53072	
Title: Name: Address: City-St-Zip:	VPBM () PRICE, KEVIN 711 E. QUINLIN PEWAUKEE, W		Title: Name: Address: City-St-Zip:	V (X) Change () Addition RIVEST, KIMBERLY 1108 N MILWAUKEE ST #124 MILWAUKEE, WI 53202	
Title: Name: Address: City-St-Zip:	VPO () SCHMIDT, STEF 12106 W. BLUE WAUWATOSA	MOUND	Title: Name: Address: City-St-Zip:	V (X) Change () Addition SCHMIDT, STEPHEN 12106 W. BLUEMOUND WAUWATOSA WI 53226	

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: JOHN W GLEASON V 03/18/2005