## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000000887

**Entity Name:** NATIONAL NNL GROUP, INC.

## FILED Feb 13, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 13500 SUTTON PARK DR S., #403 13500 SUTTON PARK DR SOUTH JACKSONVILLE, FL 32224 SUITE 403 JACKSONVILLE, FL 32224 **Current Mailing Address: New Mailing Address:** 13500 SUTTON PARK DR SOUTH 13500 SUTTON PARK DR S., #403 JACKSONVILLE, FL 32224 SUITE 403 JACKSONVILLE, FL 32224 FEI Number: 75-2326746 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: BOOKHOLT, CONNIE BOOKHOLT, CONNIE 3823 HUNT CLUB RD 13500 SUTTON PARK DR. SOUTH JACKSONVILLE, FL 32224 US SUITE 404 JACKSONVILLE, FL 32224 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: CONNIE BOOKHOLT 02/13/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete Title: () Change () Addition BOOKHOLT, PETER Name: Name: 3823 HUNT CLUB RD. Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: Title: ST () Delete (X) Change ( ) Addition

Name:

Title:

Name:

Address:

City-St-Zip:

Title: () Delete Name:

BOOKHOLT, CONNIE

3823 HUNT CLUB RD.

JACKSONVILLE, FL 32224

Address City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Title: () Delete

Name:

LARSON, DEMIAN S 6217 WALLING LANE Address: City-St-Zip: PLANO, TX 75093

BOOKHOLT, CONNIE CFO

JACKSONVILLE, FL 32224

( ) Change (X) Addition

3823 HUNT CLUB RD.

Title: **PRES** ( ) Change (X) Addition

PETER, BOOKHOLT JR E Name: Address: 1120 HYACINTH STREET City-St-Zip: ST. AUGUSTINE, FL 32092

COO

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: CONNIE BOOKHOLT **CFO** 02/13/2007