## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000001762

Entity Name: NATION BUILDERS NETWORK INC.

FILED Apr 07, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
3018 SW 16 MIRAMAR,		JS		KNESS DRIVE TA, GA 30022	US	
Current Mailing Address:			New Mailir	New Mailing Address:		
3018 SW 165 AVE MIRAMAR, FL 33027 US				P.O. BOX 767806 ROSWELL, GA 30076 US		
FEI Number:	73-1144612	FEI Number Applied For ( )	El Number Not Appli	cable ( ) Ce	ertificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
PETERSON, CARLISLE 3018 SW 165 AVE MIRAMAR, FL 33027 US			1227 PREA ALPHARET	PETERSON, CARLISLE 1227 PREAKNESS DRIVE ALPHARETTA, FL 30022 US		
The above in the State		ubmits this statement for the purp	ose of changing it	s registered offic	e or registered agent, or both,	
SIGNATURE:					04/07/2007	
	Electroni	Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO	OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () I PETERSON, CAI 3016SW 165 AV MIRAMAR, FL 3	E	Title: Name: Address: City-St-Zip:	P (X) Ch PETERSON, CARL 1227 PREAKNESS ALPHARETTA, GA	DRIVE	
Title: Name: Address: City-St-Zip:	S&T () I PETERSON, VIV 3018 SW 165 AV MIRAMAR, FL		Title: Name: Address: City-St-Zip:	VP (X) Ch PETERSON, VIVIL 1227 PREAKNESS ALPHARETTA, GA	DRIVE	
Title: Name: Address: City-St-Zip:	D () I BERNHARD, CAI 1ST AVE SPRING BLACK ROCK,, S	G GARDEN	Title: Name: Address: City-St-Zip:	D (X) Ch JAMES, NORINE 2431 KELMAN PLA DACULA, GA 3001		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	D () Ch BRISTER, DANNY 544 GADSDEN HIG BIRMINGHAM, AL		
Title: Name: Address: City-St-Zip:	()!	Delete	Title: Name: Address: City-St-Zip:	D ( ) Ch LEWIS, SHERRI 3523 MORTON'S L ELLENWOOD, GA		

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORINE JAMES D 04/07/2007