2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

1. Entity Nam	# H07631 NT SERVICE, INC.					2006 NOV -9					
Principal Place of Business 3325 PEORIA RD ORANGE PARK, FL 32065			Mailing Address 3325 PEORIA RD ORANGE PARK, FL 32065				E 18 87 811 811	SECRETAR' TALLAHASS	61811 P(811 478)		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				10302006	Chg-P	CR2E03	34 (11/05)	
City & State			City & State				4. FEI Numb 59-246				plied For t Applicable
Zip	Country		Zip Count		itry	or definitions of classics [2]				8.75 Addi ee Required	itional
	6. Name	and Address of Current I	Registered Agent		7. Name and Address of New Re					gent	
HEWETT, DON 3325 PEORIA RD					Namo George D. Howett Street Address (P.O. Box Number is Not Acceptable)						
		32065-4623			3370 PEORIA ROAD						
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 or registered agent.											
SIGNATURE Signature, typed or printed (sime of registry (agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Amended AR Is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.											
10.		OFFICERS AND		11.		75		CHANGES TO OFFI	CERS AND		
TITLE NAME	P HEWETT,	DONNIE	☐ Delete	C Delete			wetts D	onnie.		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	3325 PEC			ET ADDRESS -ST-ZIP	3325 Feoria ROAD Orange Park FL 32065						
TITLE NAME	ST	CATHERINE	☐ Delete	TITLI	E	401	wett, Catherine		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	HEWETT, CATHERINE 3325 PEORIA RD ORANGE PARK, FL				EET ADDRESS	3325 Peoria Road Orange Park FL 32065					_
TITLE	Delete TITLE					Do	- N. W. I	Thiroctor		☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP					EET ADDRESS -ST-ZIP						
TITLE NAME			☐ Defete	TITLE	E					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS								
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: JOHNS WILL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11-D1-06 (904) 269-0675											

11/13 as