2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J05921

Entity Name: NUA-TMJ INC.

FILED Mar 20, 2007 Secretary of State

Lineity Ivai	He. NOA-TIVIO, INO.				
Current Principal Place of Business:			New Principal Place of Business:		
	T CHARLOTTE BLVD. ARLOTTE, FL 33952				
Current Mailing Address:			New Mailing Address	ss:	
	T CHARLOTTE BLVD ARLOTTE, FL 33952				
FEI Number:	: 59-2651010 FEI Number Appli	ed For () FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
3417-F TA PORT CH, The above	ADA H MS. MIAMI TRAIL ARLOTTE, FL 33952 US named entity submits this stater e of Florida.	nent for the purpose o	f changing its register	ed office or registered agent, or both,	
SIGNATU					
	Electronic Signature of Re	gistered Agent		Date	
Election Car	mpaign Financing Trust Fund Contrib	ution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () Delete ALPERN, MICHAEL MS 3100 PORT CHARLOTTE, FL		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VSTP () Delete ALPERN, MICHAEL C. D, DS 3100 PORT CHARLOTTE BLVD PORT CHARLOTTE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: DR. MICHAEL C. ALPERN Ρ 03/20/2007