

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90403 020 ***158.75

DOCUMENT # K43716
 1. Entity Name
 N.L. FIVE, INC.



Principal Place of Business Mailing Address
 % NORMAN LOWENSTEIN % NORMAN LOWENSTEIN
 7126 MELROSE CASTLE LANE 7126 MELROSE CASTLE LANE
 BOCA RATON, FL 33496-8424 BOCA RATON, FL 33496-8424

50012357



2. Principal Place of Business 3. Mailing Address
 c/o Butzel Long c/o Butzel Long
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1200 N. Federal Hwy., #420 1200 N. Federal Hwy., #420

04042006 Chg-P CR2E034 (11/05)

City & State City & State
 Boca Raton, FL Boca Raton, FL

4. FEI Number Applied For
 22-2764225 Not Applicable

Zip Country Zip Country
 33432 USA 33432 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LOWENSTEIN, ROBERTA
 7126 MELROSE CASTLE LANE
 BOCA RATON, FL 33496

7. Name and Address of New Registered Agent
 Name
 John J. Raymond, Jr., c/o Butzel Long
 Street Address (P.O. Box Number is Not Acceptable)
 1200 N. Federal Hwy.
 Suite 420
 City State Zip Code
 Boca Raton FL 33432

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 of registered agent.

SIGNATURE: *John J. Raymond, Jr.* 4/4/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSDP LOWENSTEIN, ROBERTA 7126 MELROSE CASTLE LANE BOCA RATON, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSDP Lowenstein, Roberta P.O. Box 12374, 926 N. Francis Street Aspen, CO 81612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Roberta Lowenstein* 4/11/06 970-274-6934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #