2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State
04-24-2007 90020 038 ***150.00

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1. Entity Name
NATIONAL EDUCATIONAL VIDEO, INC.

40079537

Principal Place of Business	Mailing Address
599 9TH STREET NORTH SUITE 207 NAPLES, FL 34102-5625 US	599 9TH STREET NORTH SUITE 207 NAPLES, FL 34102-5625 US

01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0110461
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GROSSENBACHER, ROBERT
~~4452 BRYNWOOD LANE~~ 599 9th ST, N, SUITE 207
NAPLES, FL ~~34119~~ 34102

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GROSSENBACHER, LYNETTE
STREET ADDRESS	599 N 9TH STREET, STE 207
CITY-ST-ZIP	NAPLES, FL 341025625
TITLE	P
NAME	GROSSENBACHER, ROBERT
STREET ADDRESS	599 NORTH 599 9TH ST, STE 207
CITY-ST-ZIP	NAPLES, FL 341025625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4-16-07 (239) 261-7177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #