


2007 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--|
| DOCUMENT # K77501 1. Entity Name NORTH WEST EXPRESS, INC. | | | |  | | FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 07 APR 25 AM 10:23 | |
| Principal Place of Business 2033 MAIN STREET STE 400 SARASOTA, FL 34237 | | | | Mailing Address 4062 STONELER TALLAHASSEE, FL 32303 . US | | | |
| 2. Principal Place of Business - No P.O. Box # 4062 Stoneler Place Ct. | | | | 3. Mailing Address PO Box 180343 | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State Tallahassee FL | | | | City & State Tallahassee FL | | | |
| Zip 32303 | | Country | | Zip 32318 | | Country | |
| 4. FEI Number 65-0112733 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent HANKIN, LAWRENCE M 2033 MAIN ST STE 400 SARASOTA, FL 34237 | | | | 7. Name and Address of New Registered Agent Name James M. Gregor Street Address (P.O. Box Number is Not Acceptable) 4062 Stoneler Place Ct City Tallahassee FL Zip Code 32303 | | | |
| 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 <u><i>James M. Gregor</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCGREGOR, JAMES <input type="checkbox"/> Delete 4062 STONELER PLACE COURT TALLAHASSEE, FL | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BARNES, GRACE <input type="checkbox"/> Delete 4062 STONELER PLACE COURT TALLAHASSEE, FL | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500098477295 04/25/07--01007--004 **150.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | 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"/> Delete | | | 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"/> Delete | | | 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"/> Delete | | | 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: <u><i>James M. Gregor</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | |
| Date _____ Daytime Phone # _____ | | | | | | | |