

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # K90618**

1. Entity Name  
NMV-II, INC.



**FILED**

06 MAR 17 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240 US	Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240 US
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02212006 Chg-P CR2E034 (11/05) *06*

4. FEI Number 95-4223494	Applied For <input type="checkbox"/>
Not Applicable	

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

<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEIGMAN, DONALD S			NAME	Steigman, Donald S		
STREET ADDRESS	500 W. CYPRESS CREEK RD.			STREET ADDRESS	13737 Noel Rd Ste 100		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309			CITY-ST-ZIP	Dallas TX 75240		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSEN, CAITLIN M			NAME	Larsen, Caitlin		
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS	13737 Noel Rd Ste 100		
CITY-ST-ZIP	SANTA BARBARA, CA 93105			CITY-ST-ZIP	Dallas TX 75240		
TITLE	T	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENT, DENNIS L			NAME	Sherman, Jeffrey S		
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS	13737 Noel Rd Ste 100		
CITY-ST-ZIP	SANTA BARBARA, CA 93105			CITY-ST-ZIP	Dallas TX 75240		
TITLE	AS	<input type="checkbox"/> Delete		TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACK, KRISTINA A			NAME	Mack, Kristina A		
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS	13737 Noel Rd Ste 100		
CITY-ST-ZIP	SANTA BARBARA, CA 93105			CITY-ST-ZIP	Dallas TX 75240		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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03/23/06--01052--012 \*\*150.00

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: Caitlin Larsen Caitlin Larsen 2/24/06 469-893-2701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

MAR 17 2006  
W. Williams