2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000006661

1. Entity Name
NTMINFO & RESEARCH, INC.

Principal Place of Business	Mailing Address
1550 MADRUGA AVENUE SUITE 230 CORAL GABLES, FL 33146	1550 MADRUGA AVENUE SUITE 230 CORAL GABLES, FL 33146

01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0156638
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDBERG, ADAM S
WESTON TOWN CENTER
1792 BELL TOWER LANE
WESTON, FL 33326

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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)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEITMAN, PHILIP
STREET ADDRESS	8791 SW 64 COURT
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	LEITMAN, FERN
STREET ADDRESS	8791 SW 64 COURT
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	ALLYN, MARY
STREET ADDRESS	700 JOHN RINGLING BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	ISEMAN, MICHAEL D MD
STREET ADDRESS	1400 JACKSON ST
CITY-ST-ZIP	DENVER, CO 80260
TITLE	D
NAME	AKSIMAT, TIMOTHY R MD
STREET ADDRESS	20 FIRST STREET SW
CITY-ST-ZIP	ROCHESTER, MN 55905
TITLE	D
NAME	ASHKIN, DAVID MD
STREET ADDRESS	P.O. BOX 3084, LANTANA RD
CITY-ST-ZIP	LANTANA, FL 334653084

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04/25/06-80036-010 61.25

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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 617, 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: P. Leitman President / Director 4/6/06 305-667-6461 x 11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #