


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90252 013 ****61.25

DOCUMENT # N34079 1. Entity Name NAMI TALLAHASSEE, INC.					
Principal Place of Business %FAYE L. BARNETTE 2024 DOOMAR DRIVE TALLAHASSEE, FL 32308			Mailing Address %FAYE L. BARNETTE 2024 DOOMAR DRIVE TALLAHASSEE, FL 32308		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2967900	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARNETTE, FAYE L. 2024 DOOMAR DRIVE TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete KNOWLES, DOUGLAS 6588 MONTROSE TRAIL TALLAHASSEE, FL 32309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete LIVINGSTON, MIMI 4823 BRADFORDVILLE ROAD TALLAHASSEE, FL 32309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete BARNETTE, BOB 2024 DOOMAR DR TALLAHASSEE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD <input type="checkbox"/> Delete BARNETTE, FAYE 2024 DOOMAR DRIVE TALLAHASSEE, FL 32308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD <input checked="" type="checkbox"/> Delete ANTES, MAX 2959 APALACHEE PARKWAY SUITE E-16 TALLAHASSEE, FL 32301				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Livingston, Mimi 4823 Bradfordville Rd. Tallahassee, FL 32309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Salpeter, Judith 1108 Brafforton Dr. Tallahassee, FL 32311				
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	2VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Coxen, Dayle 110 Gilcrease Ln. Quincy, FL 32351				
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 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: Bob Barnette <i>Bob Barnette</i> 1/5/07 850-877-1625 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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