


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 103000004707 1. Entity Name NATIONAL ASSOCIATION OF WEDDING PROFESSIONALS, INC.	
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Principal Place of Business 2150 SEBASTIAN CT ALVA, FL 33920 US	Mailing Address 2150 SEBASTIAN CT ALVA, FL 33920 US
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-NP CR2E037 (11/05)

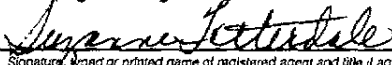
4. FEI Number 65-0446793	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TOTTERDALE, SUZANNE 2150 SEBASTIAN CT ALVA, FL 33920
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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  <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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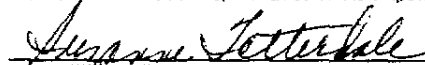
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NPD BENFORADO, LORI NPD 5560 BURNHAM COURT NORTH FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANSIKA, JOHN 3093 52ND STREET S W NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD ETAYO, MAYRA 1VPD PO BOX 277951 MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARRON, BRENDA TD 5560 BURNHAM COURT NORTH FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MANSIKA, JOHN 2721 BRANCH LANE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOTTERDALE, SUZANNE 2150 SEBASTIAN CT ALVA, FL 33920

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U00000533778
05/06/06-80136-017 70.00

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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