


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90038 011 \*\*\*150.00

<b>DOCUMENT # P00000097244</b>	
1. Entity Name NATIONAL ASSOCIATION OF PROCUREMENT PROFESSIONALS, INC.	

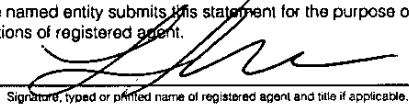
Principal Place of Business 601 ELKCAM CIRCLE, STE. C-5 MARCO ISLAND, FL 34145	Mailing Address 601 ELKCAM CIRCLE, STE. C-5 MARCO ISLAND, FL 34145
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2. Principal Place of Business 1570 DOXEE TERRACE Suite, Apt. #, etc.	3. Mailing Address 1570 DOXEE TERRACE Suite, Apt. #, etc.
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City & State MARCO ISLAND, FL	City & State MARCO ISLAND, FL
Zip 34145	Country USA

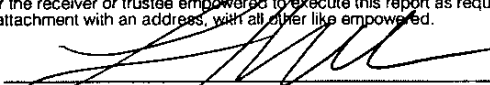
6. Name and Address of Current Registered Agent KREIDER, LARRY 601 ELKCAM CIRCLE, STE. C-5 MARCO ISLAND, FL 34145	
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7. Name and Address of New Registered Agent Name LARRY KREIDER Street Address (P.O. Box Number is Not Acceptable) 1570 DOXEE TERRACE City MARCO ISLAND FL Zip Code 34145	
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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  LARRY KREIDER DATE 2/13/06
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KREIDER, LARRY 601 ELKCAM CIRCLE, STE. C-5 MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARRY KREIDER 1570 DOXEE TERRACE MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELKO, DAVID M 8900 LANDIS AVE WEST SEA ISLE CITY, NJ 08243 <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	VP GRILLO, SAL 433 5TH STREET BROOKLYN, NY 11215 <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	S KURYEA, BARBARA 15891 DELA SOL LANE NAPLES, FL 34110 <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:  LARRY KREIDER DATE 2/13/06	

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02132006 Chg-P CR2E034 (11/05)

4. FEI Number 37-1434936	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required