


ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90193 026 ***150.00

DOCUMENT # P00000098120

1. Entity Name
N.E.I. GROUP, INC.



Principal Place of Business
**557 CONSTRUCTION LN, STE 2
 LEHIGH ACRES, FL 33936**

Mailing Address
**557 CONSTRUCTION LN, STE 2
 LEHIGH ACRES, FL 33936**

2. Principal Place of Business
142 Carlisle Ave. S.

3. Mailing Address
142 Carlisle Ave. S.


Suite, Apt. #, etc.

City & State
Lehigh Acres, FL

City & State
Lehigh Acres, FL

Zip
33936 Country
USA

Zip
33936 Country
USA



04302004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1064017 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NAULT, BRYAN
 557 CONSTRUCTION LN, STE 2
 LEHIGH ACRES, FL 33936**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D	NAME NAULT, BRYAN	<input type="checkbox"/> Delete
STREET ADDRESS 557 CONSTRUCTION LN, STE 2	CITY-ST-ZIP LEHIGH ACRES, FL 33936	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Bryan Nault* **Bryan Nault** **4/30/04** **239-369-3941**

SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #