2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000108404

FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90421 011 ***150.00

1. Entity Nam NP III, INC												
Principal Place of Business 5821 LAKE WORTH ROAD GREENACRES, FL 33463			Mailing Address 5821 LAKE WORTH ROAD GREENACRES, FL 33463				40089666					
Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01172007	Chg-P	CR2E03	4 (12/06)		
City & State			City & State			4. FEI Numbe 65-1065			No	plied For t Applicable		
Zip		Country	Zip				5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent							
ODEL DETER O						Name						
SIDEL, PETER S 5821 LAKE WORTH ROAD GREENACRES, FL 33463					Street Address (P.O. Box Number is Not Acceptable)							
							orc-		FL	Zip Code	9	
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												
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$550.	9. Election Camp. Trust Fund Cor			\$5. Add	.00 May Be ed to Fees					
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS	PD HART, JO 5821 LAK	DEL B Œ WORTH ROAD	☐ Delete	TITL NAM STRI						☐ Change	Addition	
CITY-ST-ZIP	GREENA	CRES, FL 33463		CITY	-ST-ZIP	ļ						
1/1LE NAME STREET ADDRESS CITY-ST-ZIP	5821 LAK	GER, PAUL E WORTH ROAD CRES, FL 33463	☐ Delete			Senia Forbi 5821 Gree	r vice Presi erger, Paul Lake Words emores, to	Acut Road 33463		Change Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ETER S E WORTH ROAD CRES, FL 33463	☐ Delete					,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	ANCY C E WORTH ROAD CRES, FL 33463	☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			Vice Matt 5821 Gree	President hew P. Ada hake Word macres , to	ns n road 33463		Change	∑ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of suppliemental 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 an other like empowered.

SIGNATURE: