


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000014450 1. Entity Name NP IV, INC.	
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FILED
04 APR 28 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business 5821 LAKE WORTH ROAD GREENACRES FL 33463		Mailing Address 5821 LAKE WORTH ROAD GREENACRES FL 33463	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1094869	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SIDEL, PETER S 5821-C LAKE WORTH ROAD GREENACRES FL 33463	

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
Make Check Payable to Florida Department of State

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	PD <input type="checkbox"/> Delete
NAME	HART, JOEL B
STREET ADDRESS	5821 LAKE WORTH ROAD
CITY-ST-ZIP	GREENACRES FL 33463
TITLE	VD <input type="checkbox"/> Delete
NAME	FORBERGER, PAUL
STREET ADDRESS	5821 LAKE WORTH ROAD
CITY-ST-ZIP	GREENACRES FL 33463
TITLE	D <input type="checkbox"/> Delete
NAME	SIDEL, PETER S
STREET ADDRESS	5821 LAKE WORTH ROAD
CITY-ST-ZIP	GREENACRES FL 33463
TITLE	SD <input type="checkbox"/> Delete
NAME	HART, NANCY C
STREET ADDRESS	5821 LAKE WORTH ROAD
CITY-ST-ZIP	GREENACRES FL 33463
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400035725484
STREET ADDRESS	05/06/04--01075--010 **158.75
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:  **PETER S. SIDEL** 4-27-04 561-966-0070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR