FILED 2007 FOR PROFIT CORPORATION Feb 05, 2007 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P0200036025

1. Entity Nam	NTALS, INC.			,		cere	ary or state
Principal Plac	ce of Business	Mailing Address	•				
613 CORBEI		613 CORBEL DRIVE					
NAPLES, FL	34110	NAPLES, FL 34110		,			
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		, ,		02-061	90/1		Not Applicable
. ,			and the land	5. Certificate	of Status Desired		\$8.75 Additional Fee Required
	6. Name and Address of Current Re	alstered Agent	Tind or	L	S. F. (**)	, .	, 00 / 10 gains
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	ORT, JEFFREY E			DO	NOT W	/DITI	
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NAPLES,	FL 34120		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	* IN*	THIS SF	PACE	
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8. The above	named entity submits this statement for the	ne purpose of changing its register	red office or register	ed agent, or bot	tn, in the State of Fi	orida. Tam	tamiliar with, and accept
	named entity submits this statement for thions of registered agent.	ne purpose of changing its register	red office or register	ed agent, or bot	th, in the State of Fi	orida. I am	tamiliar with, and accept
the obligat		ne purpose of changing its registe	red office or register	ed agent, or bot	tn, in the State of Fi	orida. Tam	tamiliar with, and accept
			red office or register		th, in the State of Fi	orida. I am	tamiliar with, and accept
the obligated SIGNATURE	lions of registered agent.	9. Election Campaign Fina	ed Agent signature required			DATE D62223	5
the obligated SIGNATURE	Signature, typod or printed name of registered agent and	9. Election Campaign Fina Trust Fund Contribution	ed Agent signature required	when reinstating)	U0000	DATE D62223	5
signature_ Signature_ Fil After Ma	Signature, typod or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 OFFICERS AND DII PD	9. Election Campaign Fina Trust Fund Contribution	ed Agent signature required	when reinstating)	U0000	DATE D62223	5
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12. Thereby certify that the information supplied with this filing does not qualify by 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.

SIGNATURÉ:

NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #