

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058497

**FILED**  
**Jul 04, 2004**  
**Secretary of State**

**Entity Name:** NATIONAL EVENT MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

PO BOX 212792  
ROYAL PALM BCH, FL 33421

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 212792  
ROYAL PALM BCH, FL 33421

**New Mailing Address:**

FEI Number: 03-0440102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WANSAC, DAVID  
3649 OLD LIGHTHOUSE CIR  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

WANSAC, DAVID  
3705 MIRAMONTES CIRCLE  
WELLINGTON, FL 33414 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

07/04/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WANSAC, DAVID  
Address: 3649 OLD LIGHTHOUSE CIR  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: WANSAC, JUDI  
Address: 3649 OLD LIGHTHOUSE CIR  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WANSAC, DAVID  
Address: 3705 MIRAMONTES CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change ( ) Addition  
Name: WANSAC, JUDI  
Address: 3705 MIRAMONTES CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WANSAC

Electronic Signature of Signing Officer or Director

PRES

07/04/2004

Date