
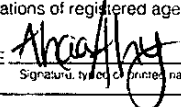

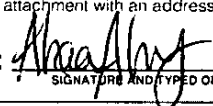



2005 FOR PROFIT CORPORATION ANNUAL REPORT

192

DOCUMENT # P02000070517 1. Entity Name N & A OF PINELLAS, INC.						<div style="font-size: 1.2em; font-weight: bold;">05 JUN 29 PM 3:01</div> <div style="font-size: 0.8em;">SEC. STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 4153 GRANDCHAMP CIRCLE PALM HARBOR, FL 34685		Mailing Address 4153 GRANDCHAMP CIRCLE PALM HARBOR, FL 34685					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 04-3690892		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ALI, ALAA A 4153 GRANDCHAMP CIRCLE PALM HARBOR, FL 34685				Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> <div style="text-align: right;">Zip Code</div>			
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: 			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P <input type="checkbox"/> Delete ALI, ALAA A 4153 GRANDCHAMP CIRCLE PALM HARBOR, FL 34685		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.5em; font-weight: bold; text-align: center;">100057095701</div> <div style="font-size: 1.2em; text-align: center;">07/06/05--01062--001 **150.00</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				DATE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			

202

✓ Ewa Peterson,

Hi. I spoke w/ you on the phone on the 22nd of June in regards to my annual report for NFA of Pinellas Inc. I sent my form and check in quite some time ago and it was never cleared. So, I am resending it. Please waive the fee due to the problems w/ the mail.

Thank You,
NFA of Pinellas Inc.

Telephone # home ⁽⁷²⁷⁾ 781-0700
771-0808

or cel ⁽⁷²⁷⁾ 410-1546

Thanks again.