

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


3/1

FILED
Apr 06, 2007 8:00 am
Secretary of State

03-14-2007 90044 012 ***150.00

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1. Entity Name
N & A OF PINELLAS, INC.



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 - No P.O. Box #
4153 Grandchamp Cir.

3. Mailing Address
4153 grandchamp cir


Suite, Apt. #, etc.

City & State
Palm Harbor, FL

City & State
Palm Harbor FL

Zip
34685 Country
pinellas

Zip
34685 Country
Pinellas



1st MOORE CR2E034 (10/06)

4. FEI Number **04-3690892** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALI, ALAA A
 4153 GRANDCHAMP CIRCLE
 PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent

Name **Alaa Aly A** *Alaa Aly*

Street Address (P.O. Box Number is Not Acceptable)
Same as

4153 grandchamp Cir

City **palm harbor** **FL** Zip Code **34685**

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 *Alaa Aly* [Alaa Aly] DATE **3/29/07**

Signature, typed or printed name of new registered agent and title, applicable. (NOTE: Registered Agent signature required when reappointing.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ALI, ALAA A	4153 GRANDCHAMP CIRCLE	PALM HARBOR FL 34685	<i>Alaa Aly</i>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Ally, Alaa A Alaa Aly* **3/29/07** **727 (813) 410-4876**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER