

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90170 021 ***150.00

DOCUMENT # P02000073458

1. Entity Name
NORTHERN ALLIANCE INVESTMENT GROUP, INC.



Principal Place of Business
**4745 SUTTON PARK COURT
BLDG 500, STE 501
JACKSONVILLE, FL 32224**

Mailing Address
**4745 SUTTON PARK COURT
BLDG 500, STE 501
JACKSONVILLE, FL 32224**

40000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006 Chg-P CR2E034 (11/05)

4. FEI Number
71-0894174

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARTLETT & DEAL, P.A.
135 PROFESSIONAL DR STE 101
PONTE VEDRA BCH, FL 32082**

7. Name and Address of New Registered Agent

Name
Christopher J. Hurst
Street Address (P.O. Box Number is Not Acceptable)
4540 Southside Blvd., Suite 302

City
Jacksonville **FL** Zip Code
32216

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

Signature, typed or printed name of registered agent, and fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVTS
TABB, JEFFREY E
4745 SUTTON PARK COURT BLDG 500 STE 501
JACKSONVILLE, FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LENDRY, BRYAN J
4745 SUTTON PARK COURT BLDG 500 STE 501
JACKSONVILLE, FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANTZAKLIS, BETH
4745 SUTTON PARK COURT BLDG 500 STE 501
JACKSONVILLE, FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey E. Tabb

4/20/06

Date

904-992-2100

Daytime Phone #