

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000130026

1. Entity Name
N2U PUBLISHING, INC.



**FILED
Mar 23, 2006 8:00 am
Secretary of State**

03-23-2006 90015 028 ***150.00

50004847



02092006 Chg-P CR2E034 (11/05)

Principal Place of Business 5571 PLAYA WAY JACKSONVILLE, FL 32211		Mailing Address 5571 PLAYA WAY JACKSONVILLE, FL 32211	
2. Principal Place of Business 5121 BOWDEN RD		3. Mailing Address 5121 BOWDEN RD	
Suite, Apt. #, etc. SUITE 311		Suite, Apt. #, etc. SUITE 311	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32216	Country DVAL	Zip 32216	Country DVAL

4. FEI Number
47-0901751

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

6. Name and Address of Current Registered Agent

HENLEY, WILLIAM C
2231 HOLLY OAKS RIVER DR
JACKSONVILLE, FL 32225

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$580.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$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	DP <input type="checkbox"/> Delete HENLEY, WILLIAM C 2231 HOLLY OAKS RIVER DR JACKSONVILLE, FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *William Henley*

(Signature and Typed or Printed Name of Signing Officer or Director)

3/21/06 404-730-3003

Date

Daytime Phone #