


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90107 012 ***150.00

DOCUMENT # P03000011406

1. Entity Name
NATIONAL PROJECT MANAGEMENT, INC.



Principal Place of Business
**6330 HOLLYWOOD BLVD
 SARASOTA, FL 34233 US**

Mailing Address
**P.O. BOX 2286
 SARASOTA, FL 34230 US**

2. Principal Place of Business
1436 Ridgewood Lane

3. Mailing Address
1436 Ridgewood Lane

Suite, Apt. #, etc.



02162006 Chg-P CR2E034 (11/05)

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34231 Country **USA**

Zip
34231 Country **USA**

4. FEI Number
22-3894830

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DOZIER, THOMAS
 2407 FRUITVILLE ROAD
 SARASOTA, FL 34237**

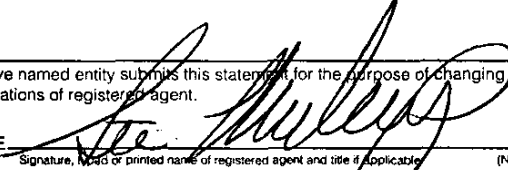
7. Name and Address of New Registered Agent

Name **Steven Medendorp**

Street Address (P.O. Box Number is Not Acceptable)
1884 Stickney Point Rd

City **Sarasota** FL Zip **34231**

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 **2/16/06**

Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

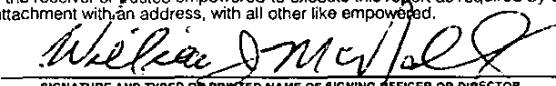
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MCNALLY, SCOTT 105 SARASOTA QUAY SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCNALLY, TODD J 105 SARASOTA QUAY SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCNALLY, WILLIAM J 105 SARASOTA QUAY SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCNALLY, TODD J 105 SARASOTA QUAY SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MCNALLY, SCOTT 1886 Stickney Point Rd Sarasota, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCNALLY, TODD J 1884 Stickney Point Rd Sarasota, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCNALLY, WILLIAM J 1886 Stickney Point Rd Sarasota, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCNALLY, TODD J 1884 Stickney Point Rd Sarasota, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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:  DATE **2/16/06** (941) 308-1175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #