## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000011406

Entity Name: NATIONAL PROJECT MANAGEMENT, INC.

FILED Apr 03, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1436 RIDGEWOOD LN
SARASOTA, FL 34231 US
1886 STICKNEY POINT RD
SARASOTA, FL 34231 US

Current Mailing Address: New Mailing Address:

1436 RIDGEWOOD LN SARASOTA, FL 34231 US 1886 STICKNEY POINT RD SARASOTA, FL 34231 US

FEI Number: 22-3894830 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEDENDORP, STEVEN

1884 STICKNEY POINT RD

SARASOTA, FL 34231 US

MCNALLY, TODD

1884 STICKNEY POINT RD

SARASOTA, FL 34231 US

SARASOTA, FL 34231 US

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.

SIGNATURE: TODD MCNALLY 04/03/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 MCNALLY, SCOTT
 Name:
 MCNALLY, TODD

 Address:
 1886 STICKNEY POINT RD
 Address:
 1884 STICKNEY POINT RD

 City-St-Zip:
 SARASOTA, FL 34231
 City-St-Zip:
 SARASOTA, FL 34231

 Name:
 MCNALLY, TODD J
 Name:

 Address:
 1884 STICKNEY POINT RD
 Address:

 City-St-Zip:
 SARASOTA, FL 34231
 City-St-Zip:

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MCNALLY, WILLIAM J
 Name:

 Address:
 1886 STICKNEY POINT RD
 Address:

 City-St-Zip:
 SARASOTA, FL 34231
 City-St-Zip:

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MCNALLY, TODD J
 Name:

 Address:
 1884 STICKNEY POINT RD
 Address:

 City-St-Zip:
 SARASOTA, FL 34231
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD MCNALLY PRES 04/03/2007