## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000012123  1. Entity Name NYN, INC.				Secretary of Stat			
11 PALAFOX	(PL.	Aailing Address 11 PALAFOX PL. PENSACOLA, FL 32502		 	I <b>11/81</b> (94) <b>11</b> /1/1 <b>11/</b> 1/1		UOTO 11/1901 (1 160)
	O NOT WRITE II	CE	01222007	No Chg-P	CR2E034 (11		
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb		-	Applied For Not Applicable
					of Status Desired	□ \$8.7	5 Additional aguired
	6. Name and Address of Current Regi	stered Agent		I			
PALMER, RAYMOND B ESQ 913 GULF BREEZE PKWY STE 41 GULF BREEZE, FL 32561			DO NOT WRITE IN THIS SPACE				
8. The above the obligated SIGNATURE.	named entity submits this statement for the tions of registered agent.  Signature typed or printed name of registered agent and title		Apent signature required		th, in the State of Flo	orida. I am familiar	with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees	U00000 02/06/07-	)614976 -80051-023	150.00
10.	OFFICERS AND DIRE	CTORS	4				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ZANGARI, NICHOLAS A 1018 GREAT OAK DR GULF BREEZE, FL 32563						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE			I				

## DO NOT WRITE IN THIS SPACE

12.	. I hereby certify that the information supp	plied with this	s filing does not qualify for the exe	emptions contained in Chapter 119.	Florida Statutes, I further c	ertify that the information
	indicated on this report or supplements	report is tru	e and accurate and that my signat	ure shall have the same legal effect	t as if made under oath; that	I am an officer or director
	of the corporation or the receiver or rus			ed by Chapter 607, Florida Statutes	s; and that my name appear:	s in Block 10 or Block 11 if
	changed, or on an attachment with an a	idovess, with	<u>all-other like empowered.</u>			

SIGNATURE

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

GTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 950-572-575