

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90213 012 \*\*\*150.00

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04262005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000040373</b> 1. Entity Name NGM ENTERPRISES, INC.					
Principal Place of Business 6410 95TH STREET EAST BRADENTON, FL 34202			Mailing Address 6410 95TH STREET EAST BRADENTON, FL 34202		
2. Principal Place of Business 6432 ORCHARD ORIOLE LANE Suite, Apt. #, etc.		3. Mailing Address 6432 ORCHARD ORIOLE LANE Suite, Apt. #, etc.			
City & State BRADENTON, FL Zip 34202		City & State BRADENTON, FL Zip 34202		4. FEI Number 57-1164624 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MILLER, NICHOLAS G 6410 95TH STREET EAST BRADENTON, FL 34202			7. Name and Address of New Registered Agent Name NICHOLAS G. MILLER Street Address (P.O. Box Number is Not Acceptable) 6432 ORCHARD ORIOLE LANE City BRADENTON FL Zip Code 34202		
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: <u>NICHOLAS G. MILLER, PRESIDENT</u> DATE: <u>4/26/05</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MILLER, NICHOLAS G 6410 95TH STREET EAST BRADENTON, FL 34202		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6432 ORCHARD ORIOLE LANE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>NICHOLAS G. MILLER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/26/05</u> (94) 928-1830 <small>Daytime Phone #</small>		