

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2008 8:00 am
Secretary of State

07-25-2008 90010 028 ***550.00

DOCUMENT # P04000026242 1. Entity Name NATIONAL MAGAZINE CLUB, INC.					
Principal Place of Business 428 CHILDERS SUITE 2853 PENSACOLA, FL 32534			Mailing Address 428 CHILDERS SUITE 2853 PENSACOLA, FL 32534		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 90-0152976	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PETERSON, BRAD 428 CHILDERS SUITE 2853 PENSACOLA, FL 32534			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P PETERSON, BRAD 460 INVESTORS PL., STE 102 VIRGINIA BEACH, VA 23454 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Peterson, Brad 3509 Virginia Beach Blvd Virginia Beach, VA 23452 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/15/08 (757)490-9860 <small>Date Daytime Phone #</small>		