


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90080 025 \*\*\*150.00

<b>DOCUMENT # P04000121582</b> 1. Entity Name NATIONAL PUBLISHING CO INC	
--	---

Principal Place of Business 280 FISHMAN STREET - 780 #316 OPA-LOCKA, FL 33054	Mailing Address 280 FISHMAN STREET - 780 #316 OPA-LOCKA, FL 33054
--	--

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DURHAM, BRENDAN A 280 FISHMAN STREET - 780 #316 OPA-LOCKA, FL 33054	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

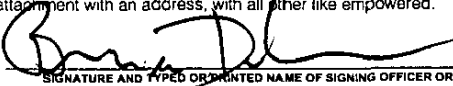
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DURHAM, BRENDAN 280 FISHMAN STREET - 780 OPA-LOCKA, FL 33054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:**  **BRENDAN DURHAM** 5/1/06 (786) 888-0990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #