2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 19, 2007 08:00 Al Secretary of State **DOCUMENT # P05000071113** 1. Entity Name N & E IMPORT EXPORT, INC. Principal Place of Business Mailing Address 116 HARTSDALE DRIVE 116 HARTSDALE DRIVE WINTER GARDEN, FL 34787 US WINTER GARDEN, FL 34787 US 04062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3145818 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BASSO, ROCCO DO NOT WRITE 604 JOHNS LANDING WAY OAKLAND, FL 34787 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME NOOMEN, HARICHI STREET ADDRESS 116 HARSTDALE DRIVE 000000716932 04/30/07-80028-001 150.00 CITY-ST-ZIP WINTER GARDEN, FL 34787 TITLE NAME STREET ADDRESS CITY-ST-ZIF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

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CITY-ST-7IP TITLE NAME STREET ADDRESS

INTED NAME OF BIGNING OFFICER OR DIRECTOR

04-16-07

Daytime Phone #