2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000142990

1. Entity Name

NNG PROCUREMENT ANALYSIS, INC.



Principal Place of Business

P.O. BOX 111136 NAPLES, FL 34108 Mailing Address

P.O. BOX 111136 NAPLES, FL 34108

FILED Apr 23, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04172007

No Chg-P CR2E034 (11/05)

Applied For

4. FEI Number 20-3773676

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAURA OLSZEWSKI & ASSOC, PA 5401 TAYLOR RD SUITE 3 NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or	registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered	Agent signatu	e required when reinstaling)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
HITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT NAMIAS, TERRY 1490 OAKES BLVD NAPLES, FL 34119				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S CARNEY, CAROL ANN 1490 OAKES BLVD NAPLES, FL 34119				000000723524 05/02/07-80076-005 158.79
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY - ST - ZIP				IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07-

(239) 514-3494

Davime Phone #