

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90024 040 \*\*\*158.75

**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

**DO NOT WRITE IN THIS SPACE**



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-3773676

Applied For

Not Applicable

5. Certificate of Status Desired



**\$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**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | PVT   |
| NAME           | NAMIAS, TERRY                                 |
| STREET ADDRESS | <del>1400 OAKES BLVD</del> 1320 Triandra Lane |
| CITY-ST-ZIP    | NAPLES, FL 34119                              |
| TITLE          | S   |
| NAME           | CARNEY, CAROL ANN                             |
| STREET ADDRESS | <del>1400 OAKES BLVD</del> 1320 Triandra Lane |
| CITY-ST-ZIP    | NAPLES, FL 34119                              |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

**DO NOT WRITE  
IN THIS SPACE**

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:

*Terry Namias* Terry Namias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/08 (239) 514-3494

Date

Daytime Phone #