


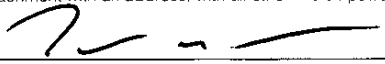
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90011 031 ***150.00

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DOCUMENT # P37987							
1. Entity Name NW12 CORP.							
Principal Place of Business 4710 EISENHOWER BOULEVARD TAMPA, FL 33634			Mailing Address 4710 EISENHOWER BOULEVARD TAMPA, FL 33634				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		02262007 Chg-P CR2E034 (12/06)			
Zip		Country		4. FEI Number 59-3110484			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ABRAMS, ALLAN 4710 EISENHOWER BLVD. SUITE C-1 TAMPA, FL 33634			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 \$150.00 After May 1, 2007 Fee will be \$550.00			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	VC	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAPIRO, JAMES J			NAME			
STREET ADDRESS	4710 EISENHOWER BLVD, STE C-1			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABRAMS, ELAINE			NAME			
STREET ADDRESS	4710 EISENHOWER BLVD, STE C-1			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNISPTEL, ISABEL			NAME			
STREET ADDRESS	4710 EISENHOWER BLVD, STE C-1			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOOVER, KRISTOPHER M			NAME			
STREET ADDRESS	4710 EISENHOWER BLVD STE C-1			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: 		Hoover, Kristopher		2/28/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President		Date			
				813-889-8855			
				Daytime Phone #			