
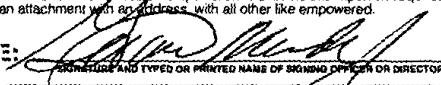


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Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90045 002 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000020660		
1. Entity Name N G M, INC.		
Principal Place of Business 895 FOX VALLEY DR. SUITE 113 LONGWOOD, FL 32779	Mailing Address 895 FOX VALLEY DR. SUITE 113 LONGWOOD, FL 32779	
DO NOT WRITE IN THIS SPACE		
01192005 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-3230555		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		
MENDEZ, GERADO 2471 JENNIFER HOPE BLVD. LONGWOOD, FL 32779		DO NOT WRITE IN THIS SPACE
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 rechartering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
OFFICERS AND DIRECTORS		
P	MENDEZ, GERADO 2471 JENNIFER HOPE BLVD. LONGWOOD, FL 32779	
VST	GERENAN, NICHOLAS 209 WESSEX RD. ALTO MONTE SPRINGS, FL 32714	
SS	DO NOT WRITE IN THIS SPACE	
I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in 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 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 an attachment with an address with all other like empowered.		
Signature and Typed or Printed Name of Signing Officer or Director 		Date 3/5/05 (407) 288-449