

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000063995

FILED
Mar 29, 2004
Secretary of State

Entity Name: NAP ACQUISITION CORPORATION

Current Principal Place of Business:

2215 NEBRASKA AVENUE UNIT 3B
LAWNWOOD MEDICAL ARTS BUILDING
FT. PIERCE, FL 34950

New Principal Place of Business:

2215 NEBRASKA AVENUE
SUITE 3-B
FT. PIERCE, FL 34950

Current Mailing Address:

7710 S US HWY 1
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0516823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERI, NORMAN A
7710 S US HWY 1
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: PALMERI, NORMAN A
Address: 7710 S US HWY 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN A PALMERI

PSTD

03/29/2004

Electronic Signature of Signing Officer or Director

_____ Date