2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000007570

FILED Apr 30, 2007 Secretary of State

Entity Nar	ne: NGRJ, I	NC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	EDERAL HW RTH, FL 334					
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX LAKE WO	1380 RTH, FL 334	160 US				
FEI Number:	65-0551818	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and	Address of N	New Registered Agent:	
VONDRAK, RICHARD 2580 S OCEAN BLVD PALM BEACH, FL 33480 US			1617 N FEI	MCCARTY, DOUGLAS 1617 N FEDERAL HWY LAKE WORTH, FL 33460 US		
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE: DOUGL	AS MCCARTY		04/30/2007		
Electronic Signature of Registered Agent			ent		Date	
Election Can	npaign Financi	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (VONDRAK, R 2380 S OCEA PALM BEACH	AN BLVD	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	VSTD (MCCARTY, D 1617 N. FEDI LAKE WORTI	ERAL HWY	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	PD (EHMAN, WILL 837 ENTRAD FT MYERS, F	A DR	Title: Name: Address: City-St-Zip:	PD (X EHMAN, WILLI 1617 N FEDER LAKE WORTH,	RAL HWY	
Title: Name: Address: City-St-Zip:	D (MURDOCK, k 5183 10TH A' GREENACRE	VE N.	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title:	D (X) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DOUGLAS MCCARTY S 04/30/2007

LOFSTROM, BERTIL

VERO BEACH, FL 32963

9025 SOMERSET BAY LANE. #302

Name:

Address:

City-St-Zip: