1. Entity Name	NT # P950	0001	0521	· · ·			Apr 23 Secre 04-23-2	etary 003 90143		
NHG ENTERPI	RISES, INC.									
Principal Place of Bu 524 N CROOKED LAK 34850N PARK FL 331 JS	e dr	524 N	ng Address I CROOKED LAKE DI ON PARK FL 33827	R	<u> </u>					
2. Principal Place of	Business	3. Ma	illing Address			-				
Suite, Apt. #, etc. Suite, Apt. #, etc.								NG CHANG	ES	
City & State City & State			v & State	<u></u>			CHECK HERE IF MAKING CHANGES FEI Number 65-0603043 Not Applied For Not Applicable			
Zip	Country	Zip		Coun	try		ertificate of Status Desir			Not Applica Additional
6.	Name and Address of Curre	ent Register	ed Agent	 		7. N	ame and Address of Ne	ew Registered	Fee Request Action of the Fee Request of the Fee Re	uired
CAIN, JOYCE G		_		_	Name	· ·	····			
524 N CROOKEE					Street Address	(P.O. Bo	ex Number is Not Accept	table)		
BABSON PARK F	L 33827									
					City			F		
the obligations of	registered agent.				ed office or regist		nt, or both, in the State o	of Florida, I ar	<u></u>	
the obligations of SIGNATURE Signature FILE NG & After May 1 Make Check Payal	registered agent. . typed or printed name of registered ag DW!!! FEE IS \$150.00 , 2003 Fee will be \$550.0 Die to Florida Departmen	gent and title if ap; DO t of State	plicable. (NOT	E: Registered		ed when reir	nstating) 9. Election Campaig Trust Fund Contrit	DATE n Financing pution.	\$5	5.00 May B ded to Fees
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