

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000020187

FILED
Apr 14, 2009
Secretary of State

Entity Name: NBE 2005, INC.

Current Principal Place of Business:

3611-14 ST JOHNS BLUFFS
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

1280-B N PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084 US

Current Mailing Address:

3611-14 ST JOHNS BLUFFS
JACKSONVILLE, FL 32224 US

New Mailing Address:

1280-B N PONCE DE LEON BLVD.
ST AUGUSTINE, FL 32084 US

FEI Number: 59-3300554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMOOT, WILLIAM T
3611-14 ST JOHNS BLUFF RD S
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

GARY B. DAVENPORT, P.A.
1280-B N PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

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: GARY B DAVENPORT

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: SMOOT, WILLIAM T
Address: 3611-14 ST JOHNS BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32224

Title: P (X) Delete
Name: DAVENPORT, KEVIN M
Address: 3611-14 ST JOHNS BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVENPORT, KEVIN M
Address: 1280-B N PONCE DE LEON BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

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

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.

SIGNATURE: KEVIN M DAVENPORT

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date