

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000054145

FILED
Jun 11, 2009
Secretary of State**Entity Name:** NP, INC.**Current Principal Place of Business:**4400 N. FEDERAL HWY.
SUITE 130
BOCA RATON, FL 33431**New Principal Place of Business:****Current Mailing Address:**4400 N. FEDERAL HWY.
SUITE 130
BOCA RATON, FL 33431**New Mailing Address:****FEI Number:** 65-0709224**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GREENWALD, STEVEN I
6971 N FEDERAL HIGHWAY
SUITE 105
BOCA RATON, FL 33487 US**Name and Address of New Registered Agent:**AUERBACHER, STEVEN M PA
200 CONGRESS PARK DRIVE
SUITE 104
BOCA RATON, FL 33445 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: STEVEN M AUERBACHER

06/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POLETO, JOHN
Address: C/O 6971 N FEDERAL HWY. STE 105
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Delete
Name: NESTLER, MARK
Address: C/O 6971 N FEDERAL HWY. STE 105
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Delete
Name: ACQUAVIVA, ANTHONY
Address: C/O 6971 N FEDERAL HWY. STE 105
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ACQUAVIVA, ANTHONY
Address: C/O 200 CONGRESS PARK DRIVE STE 104
City-St-Zip: DELRAY BEACH, FL 33445

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

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: ANTHONY ACQUAVIVA

P

06/11/2009

Electronic Signature of Signing Officer or Director

Date