


**2007. FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000060217 1. Entity Name NTA ELECTRONIC SALES GUIDES, INC.	
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Principal Place of Business 2600 WILD BERRY COVE LONGWOOD, FL 32779	Mailing Address 2600 WILD BERRY COVE LONGWOOD, FL 32779
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**DO NOT WRITE IN THIS SPACE**



01272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3456608	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, N JAMES ESQ  
200 E ROBINSON STREET  
SUITE 1110  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEICHER, NYLES 2600 WILD BERRY COVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEICHER, KATHARINE D 2600 WILD BERRY COVE LONGWOOD, FL 32779
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000000729374  
05/08/07-80057-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katharine Drake Teicher 4/23/07 (407) 333-0069  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #