### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000035053

1. Entity Name

NEPTUNE WAREHOUSE, INC.



Principal Place of Business

8845 N MILITARY TRL

SUITE 100 PALM BEACH GARDENS, FL 33410 Mailing Address

8845 N MILITARY TRL

SUITE 100

PALM BEACH GARDENS, FL 33410

#### FILED Feb 26, 2007 08:00 A Secretary of State



#### DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0831766 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REICHEL, WILLIAM B 8845 N MILITARY TRL PALM BEACH GARDENS, FL 33410

# DO NOT WRITE IN THIS SPACE

				<b>,</b>		
The above the obligat  SIGNATURE.	named entity submits this statement for the p tions of registered agent.	urpose of changing its register	ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar	with, and accept
				gent signeture required when releasting) OATE		
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol><li>Election Campaign Finar Trust Fund Contribution.</li></ol>	ncing	\$5.00 May Be Added to Fees	U00000649964 03/07/07-80071-022	150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICHEL, WILLIAM B 8845 N MILITARY TRL STE 100 PALM BEACH GARDENS, FL 33410	TORS				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE			1			

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 reserver 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:** 

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

INATURE AND TYPED OR GRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ing B. Reichel, MM 2/19/07 Day

7 34/-4/5-497 Daytime Phone #