

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041329

**FILED**  
**Feb 21, 2006**  
**Secretary of State**

**Entity Name:** NARINVINDRE INC.

**Current Principal Place of Business:**

1891 E. MERRITT ISLAND CSWY  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

1891 E. MERRITT ISLAND CSWY  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

**FEI Number:** 59-3509300

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLZANI, JULIETA  
928 DERBY LN  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D (X) Delete  
Name: KUECHENBERG, GLORIA  
Address: 1008 BORONADO DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: COLZANI, DANIEL A  
Address: 928 DERBY LN  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP ( ) Delete  
Name: JULIETA, COLZANI  
Address: 928 DERBY LN  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: P (X) Change ( ) Addition  
Name: JULIETA, COLZANI  
Address: 928 DERBY LN  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIETA COLZANI

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02/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date