

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000067848

Entity Name: NAHNE ENTERPRISES, INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

% SSI ACCOUNTING AND TAX SERVICE INC.
1500 COLONIAL BLVD., #235
FT. MYERS, FL 33907

Current Mailing Address:

% SSI ACCOUNTING AND TAX SERVICE INC.
1500 COLONIAL BLVD., #235
FT. MYERS, FL 33907

New Principal Place of Business:

% SSI ACCOUNTING AND TAX SERVICE INC.
3620 COLONIAL BLVD., #230
FT. MYERS, FL 33912

New Mailing Address:

% SSI ACCOUNTING AND TAX SERVICE INC.
3620 COLONIAL BLVD., #230
FT. MYERS, FL 33912

FEI Number: 52-2146797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SSI ACCOUNTING & TAX SERVICE INC.
1500 COLONIAL BLVD.
SUITE 235
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

SSI ACCOUNTING & TAX SERVICE INC.
3620 COLONIAL BLVD.
SUITE 230
FORT MYERS, FL 33912 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: SCHMITZ

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHMIDT, PETER
Address: C/O SSI 1500 COLONIAL BLVD. SUITE 235
City-St-Zip: FORT MYERS, FL 33907

Title: DV () Delete
Name: SCHMIDT, BARBARA
Address: C/O SSI 1500 COLONIAL BLVD. SUITE 235
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SCHMIDT, PETER
Address: C/O SSI 3620 COLONIAL BLVD. SUITE 231
City-St-Zip: FORT MYERS, FL 33912

Title: DV (X) Change () Addition
Name: SCHMIDT, BARBARA
Address: C/O SSI 3620 COLONIAL BLVD. SUITE 230
City-St-Zip: FORT MYERS, FL 33912

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: SCHMIDT PETER

P

04/24/2006

Electronic Signature of Signing Officer or Director

Date