

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000067848

Entity Name: NAHNE ENTERPRISES, INC.

FILED  
Apr 07, 2007  
Secretary of State

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

% SSI ACCOUNTING AND TAX SERVICE INC.  
3620 COLONIAL BLVD., #230  
FT. MYERS, FL 33966

## New Mailing Address:

% SSI ACCOUNTING AND TAX SERVICE INC.  
3620 COLONIAL BLVD., #230  
FT. MYERS, FL 33966

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.  
3620 COLONIAL BLVD.  
SUITE 230  
FORT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

SSI ACCOUNTING & TAX SERVICE INC.  
3620 COLONIAL BLVD.  
SUITE 230  
FORT MYERS, FL 33966 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

04/07/2007

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 3620 COLONIAL BLVD. SUITE 231  
City-St-Zip: FORT MYERS, FL 33912

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SCHMIDT, PETER  
Address: C/O SSI 3620 COLONIAL BLVD. SUITE 230  
City-St-Zip: FORT MYERS, FL 33966

Title: DV (X) Change ( ) Addition  
Name: SCHMIDT, BARBARA  
Address: C/O SSI 3620 COLONIAL BLVD. SUITE 230  
City-St-Zip: FORT MYERS, FL 33966

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

P

04/07/2007

Electronic Signature of Signing Officer or Director

Date