


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000086837 1. Entity Name NAVE INTERNATIONAL, INC.	
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Principal Place of Business 1703 LITTLE POINT CIR. SARASOTA, FL 34231	Mailing Address C/O NEVIN A. WEINER, P.A. 100 WALLACE AVENUE, SUITE 100 SARASOTA, FL 34237
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04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0870267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fes Required

6. Name and Address of Current Registered Agent WEINER, NEVIN A 100 WALLACE AVENUE SUITE 100 SARASOTA, FL 34237

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

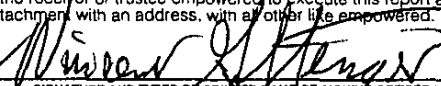
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STENGER, KATHERINE 1703 LITTLE POINTE CIR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NAVE, JOHN 1703 LITTLE POINTE CIR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NAVE, RUTH 1703 LITTLE POINTE CIR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STENGER, VINCENT G 1703 LITTLE POINTE CIR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000756271
05/23/07-80018-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **4/29/07 (941) 27-1266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #