
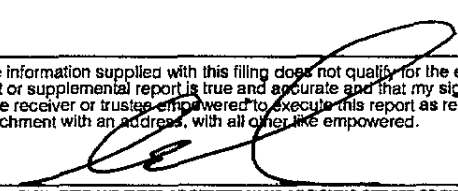


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000005271</b>		
1. Entity Name <b>N &amp; E GROUP, INC.</b>		
Principal Place of Business <b>334 E STATE ROAD 200 FERNANDINA BEACH, FL 32034</b>	Mailing Address <b>P.O. BOX 15368 AMELIA ISLAND, FL 32035</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>NAVON, GIL 334 E STATE ROAD 200 FERNANDINA BEACH, FL 32034</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAVON, GIL P.O. BOX 2812 TYBEE ISLAND, GA 31328	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESHEL, ERIK 70 RUGBY RD. ROSLYN HEIGHTS, NY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NAVON, ZIV P.O. BOX 2812 TYBEE ISLAND, GA 31328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NAVON, RONEN P.O. BOX 2812 TYBEE ISLAND, GA 31328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.		
<b>SIGNATURE:</b> 		<b>1-10-05</b> <b>912-313-9971</b> <small>Date Daytime Phone #</small>



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>22-3629435</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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01/19/05-80034-011 150.00