## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000005271

Entity Name: N & E GROUP, INC.

FILED Mar 08, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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334 E STATE ROAD 200 2992 SOUTH 8TH STREET

FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034

Current Mailing Address: New Mailing Address:

P.O. BOX 15368 P.O. BOX 2497

AMELIA ISLAND, FL 32035 TYBEE ISLAND, GA 31327

FEI Number: 22-3629435 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NAVON, GIL NAVON, GIL

334 E STATE ROAD 200 2992 SOUTH 8TH STREET

FERNANDINA BEACH, FL 32034 US FERNANDINA BEACH, FL 32034 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: 03/08/2006

Electronic Signature of Registered Agent Date

3 3

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

P.O. BOX 2812

TYBEE ISLAND, GA 31328

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: NAVON, GIL Name: NAVON, GIL

Address: P.O. BOX 2812 Address: P.O. BOX 2497

City-St-Zip: TYBEE ISLAND, GA 31328 City-St-Zip: TYBEE ISLAND, GA 31328

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: ESHEL, ERIK Name: ESHEL, ARIK

Address: 70 RUGBY RD. Address: 70 RUGBY RD. City-St-Zip: ROSLYN HEIGHTS, NY City-St-Zip: ROSLYN HEIGHTS, NY

 Name:
 NAVON, ZIV
 Name:
 NAVON, ZIV

 Address:
 P.O. BOX 2812
 Address:
 P.O. BOX 2018

City-St-Zip: TYBEE ISLAND, GA 31328 City-St-Zip: TYBEE ISLAND, GA 31328

Title: TD () Delete Title: () Change () Addition Name: NAVON, RONEN Name:

Name: Address: City-St-Zip:

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: GIL NAVON PD 03/08/2006