2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2006 8:00 am Secretary of State

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1. Entity Name	MENT # S03538 NN PLANNING GROUP IN	C.				01-26-2006	-		
Principal Place	of Business	Mailing Address							
1500 SETON PLACE % DAVID A. KING						-			
GREEN COVE SPRINGS, FL 32043 US 1416 KINGSLEY AVE.					ļ				
		ORANGE PARK, FL	32073					III BIBII BIBII GIBI	FREI IF AREI
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2. Principal Pi	ace of Business	3. Mailing Address							
Suite, Apt.	# ote	Suite, Apt. #, etc.							
duite, Apr.	, stc.	dutte, Apt. #, etc.			01062006	Chg-P	CR2EC	34 (11/05)	
City & State)	City & State			4. FEI Number			Ap	plied For
					59-3037	106		No	t Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of	Status Desired	V	\$8.75 Add	litional
				,				Fee Require	d
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New F	Registered	Agent	
CLENN C	TEVENIC			Name					
GLENN, ST 1500 SETC				Street Addre	ess (P.O. Box Number	is Not Acceptable	e)		
	OVE SPRINGS, FL 32043						.		
				City			FL	Zip Code	8
								-	
	named entity submits this statement f	or the purpose of changing	,	00 000 0					
	named entity submits this statement fillions of registered agent. Signature, typed or printed name of registered agent.	Hat Higherton			equired when reinstating)		DATE		
the obligation signature.	ions of registered agent.	9. Election Can	NOTE: Registere	ad Agent argnature re			DATE		
the obligation signature.	Signature, lyped or printed name of registered agent E NOWILL FEE IS \$150.00	9. Election Can Trust Fund C	NOTE: Registere	ad Agent aignature re	\$5.00 May Be Added to Fees	HANGES TO OFF		D DIRECTOR	S IN 11
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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, both all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/06 (904) 278-046 Dayling Phone