

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2007  
Secretary of State**

DOCUMENT# V71220

Entity Name: A. NOF, INC.

**Current Principal Place of Business:**

843 E 15TH AVENUE  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

843 E 15TH STREET  
PANAMA CITY, FL 32405 US

**New Mailing Address:**

FEI Number: 59-3145656      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NOF, ASAF S  
4402 CINDY LN  
LYNN HAVEN, FL 32444 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NOF, ASAF  
Address: 843 E 15TH ST.  
City-St-Zip: PANAMA CITY, FL

Title: S ( ) Delete  
Name: NOF, ORIT  
Address: 4402 CINDY LANE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: V ( ) Delete  
Name: NOF, S SHI  
Address: 4402 CINDY LANE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: AV ( ) Delete  
Name: NOF, B MIKEAL  
Address: 4402 CINDY LANE  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ASAF, HANAN  
Address: 4402 CINDY LANE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP (X) Change ( ) Addition  
Name: NOF, S SHI  
Address: 4402 CINDY LANE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: ( ) Change ( ) Addition  
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: SHI NOF

VP

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date