

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003154

FILED
Apr 05, 2005
Secretary of State

Entity Name: NMP GOLF CONSTRUCTION CORP.

Current Principal Place of Business:

42 DAVIS ROAD
ACTON, MA 02038

New Principal Place of Business:

25 BISHOP AVENUE, SUITE A-2
WILLISTON, VT 05495

Current Mailing Address:

42 DAVIS ROAD
ACTON, MA 02038

New Mailing Address:

25 BISHOP AVENUE, SUITE A-2
WILLISTON, VT 05495

FEI Number: 58-2398286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CPST () Delete
Name: POIRIER, NORMAND
Address: 42 DAVIS ROAD
City-St-Zip: ACTON, MA 02038

Title: D () Delete
Name: POIRIER, ALAIN
Address: 42 DAVIS ROAD
City-St-Zip: ACTON, MA 02038

Title: DVP () Delete
Name: POIRIER, MARIO
Address: 42 DAVIS ROAD
City-St-Zip: ACTON, MA 02038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPST (X) Change () Addition
Name: POIRIER, NORMAND
Address: 25 BISHOP AVENUE, SUITE A-2
City-St-Zip: WILLISTON, VT 05495

Title: D (X) Change () Addition
Name: POIRIER, ALAIN
Address: 25 BISHOP AVENUE, SUITE A-2
City-St-Zip: WILLISTON, VT 05495

Title: DVP (X) Change () Addition
Name: POIRIER, MARIO
Address: 25 BISHOP AVENUE, SUITE A-2
City-St-Zip: WILLISTON, VT 05495

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NORMAND POIRIER

CPST

04/05/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date