2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M83853

FILED Feb 11, 2005 08:00 AM Secretary of State

1. Entity Name N.P. EVENSONG, INC.							
% 118 HIAW	YATHA AVENUE 9	ailing Address 6 118 HIAWATHA AVENUE ICEANPORT, NJ 07757		L RECTIVE (\$ 4)		eren eren kinin dikil ere	III BIDIEDZE II IEDI
		•	15 4000000000000000000000000000000000000				
-		THIS ODA	^-	02032005	No Chg-P	CR2E034 (10/	03)
L	OO NOT WRITE II	N THIS SPA	CE	4. FEI Numb 65-006		\$9.75	Applied For Not Applicable Additional
				5. Certificate	of Status Desired	Fee Rec	
	6. Name and Address of Current Regis	tered Agent	<u> </u>		-		
CAPITAL CONNECTION, INC. 417 EAST VIRGINIA ST. TALLAHASSEE, FL 32301			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the gions of registered agent.	surpose of changing its register	ed office or regis	stered agent, or bo	th, in the State of Flo	rida. I am familiar v	with, and accep
SIGNATURE	Signature, typed or printed name of registered agent and title	Tapplicable (NOTE Registere	d Agent signalure requ	uired when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution		55.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP WEIR, CHARLES 118 HIAWATHA AVE. OCEANPORT, NJ 07757 DST WEIR, MARY 118 HIAWATHA AVE.]]:	_	— 	1224576 80004-020	150.00

DO NOT WRITE IN THIS SPACE

12. Thereby 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 tike empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

OCEANPORT, NY 07757

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/05 732-222-673