2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M83853

1. Entity Name
N.P. EVENSONG, INC.

Principal Place of Business	Mailing Address
% 118 HIAWATHA AVENUE	% 118 HIAWATHA AVENUE
OCEANPORT, NJ 07757	OCEANPORT, NJ 07757

DO NOT WRITE IN THIS SPACE

02212006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0062764	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 EAST VIRGINIA ST.
TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing   ☐   **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	WEIR, CHARLES
STREET ADDRESS	118 HIAWATHA AVE.
CITY-ST-ZIP	OCEANPORT, NJ 07757

TITLE	DST
NAME	WEIR, MARY
STREET ADDRESS	118 HIAWATHA AVE.
CITY-ST-ZIP	OCEANPORT, NY 07757

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/06-80009-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: _Mary P Weir_   3/1/06   732-222-6731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

MARY P. WEIR