2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003689

Entity Name: NICUSA, INC,

FILED May 04, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
105405 S I OLATHE,	RIDGEVIEW KS 66061	RD			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
105405 S I OLATHE,	RIDGEVIEW KS 66061	RD			
FEI Number	: 48-1124536	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	AND ROAD			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	onic Signature of Registered Age	ent	Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (HERINGTON, 10540 S RIDO OLATHE, KS	SEVIEW RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (BUR, ERIC J 10540 S RIDO OLATHE, KS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (BRADLEY, W 10540 S RIDO OLATHE, KS	SEVIEW RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (BROWN, RIC 5856 W 74TH INDIANAPOLI	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ERIC J BUR TD 05/04/2005