## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K37370

FILED Mar 26, 2008 Secretary of State

Entity Name: NICKERSON BUSINESS SYSTEMS INC

Current Principal Place of Business:		New Principal Place	of Business:		
	NEFIELD RD				
SUITE 10 LAKELANI	D, FL 33811	US			
Current M	lailing Addres	s:	New Mailing Addres	ss:	
	NE FIELD RD				
SUITE 10 LAKELANI	D, FL 33811	US			
FEI Number	: 59-2912400	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
9004 IRBY	ON, CONNIE A LANE EAST		Name and Address o	of New Registered Agent:	
9004 IRBY LAKELANI The above in the State	ON, CONNIE A LANE EAST D, FL 33811 named entity of the control of	US		of New Registered Agent: ed office or registered agent, or both,	
9004 IRBY LAKELANI The above	ON, CONNIE A LANE EAST D, FL 33811 named entity of the control of	US	purpose of changing its registere		
9004 IRBY LAKELANI The above in the State SIGNATUI	ON, CONNIE A LANE EAST D, FL 33811 named entity set of Florida.  RE: Electror	US submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
9004 IRBY LAKELANI The above in the State SIGNATUI	ON, CONNIE A LANE EAST D, FL 33811 named entity set of Florida.  RE: Electror	US submits this statement for the ic Signature of Registered Ag Trust Fund Contribution ( ).	purpose of changing its registere	ed office or registered agent, or both,	
9004 IRBY LAKELANI The above in the State SIGNATUI	ON, CONNIE A LANE EAST D, FL 33811 e named entity se of Florida. RE: Electror mpaign Financing S AND DIREC PRES () NICKERSON, C	US submits this statement for the ic Signature of Registered Ag Trust Fund Contribution ( ). TORS: Delete CONNIE A JELD RD STRE 10	purpose of changing its registere	ed office or registered agent, or both,  Date	

I hereby certify that the information supplied with this filing does not qualify 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: CONNIE A. NICKERSON PRES 03/26/2008