

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L10710

Entity Name: NANDES, INC.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

C/O HEADLINES
1075 DUVAL, SUITE C15
KEY WEST, FL 33040 US

Current Mailing Address:

NANCY CAMPBELL
1502 SEMINARY STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

C/O HEADLINES HAIR SALON
1075 DUVAL STREET, SUITE C-15
KEY WEST, FL 33040 US

New Mailing Address:

506 LOUISA STREET
KEY WEST, FL 33040 US

FEI Number: 65-0142692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATALFOMO, ANTHONY J
C/O CATALFOMO & FARRELLY
506 LOUISA ST.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

CATALFOMO, ANTHONY J
C/O CATALFOMO & FARRELLY
506 LOUISA STREET
KEY WEST, FL 33040 US

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:

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CAMPBELL, NANCY J.,
Address: 1502 SEMINARY STREET
City-St-Zip: KEY WEST, FL

Title: VTD () Delete
Name: GODDARD, DARRELL,
Address: 2324 HARRIS AVE.
City-St-Zip: KEY WEST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CAMPBELL, NANCY
Address: 1502 SEMINARY STREET
City-St-Zip: KEY WEST, FL 33040

Title: VTD (X) Change () Addition
Name: GODDARD, DARRELL
Address: 2324 HARRIS AVENUE
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY CAMPBELL

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04/26/2006

Electronic Signature of Signing Officer or Director

Date