2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2004 08:00 AM DOCUMENT # M42768 1. Entity Name NGC HOLDINGS, INC. Principal Place of Business Mailing Address 2580 N POWERLINE ROAD 2580 N POWERLINE ROAD STE 601 STE 601 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #. etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2851330 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEERS, RODD Street Address (P.O. Box Number is Not Acceptable) 2580 N POWERLINE ROAD STE 601 POMPANO BEACH FL 33069 City Zip Code 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) 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete ☐ Change ☐ Addition TITLE U00000018199 BEERS, RODD E. NAME NAME 01/28/04-80124-024 150.00 STREET ADDRESS 2580 N POWERLINE ROAD STE 601 STREET ADDRESS CITY - ST - ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-7/P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITE ☐ Delete THEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. I hereby 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 thermy 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 either like empowered.

- Trow Fren

SIGNATURE:

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