


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

02-07-2008 90028 029 ***150.00

DOCUMENT # P00000102204

1. Entity Name
 N.T. HOLDINGS 2000, INC.



Principal Place of Business
 8640 SEMINOLE BLVD
 SEMINOLE, FL 33772

Mailing Address
 98 CORDOBA COURT
 MISSISSAUGA
 ONTARIO, CN L5R1G-5

66004734



2. Principal Place of Business - No P.O. Box #
 19610 Gulf Blvd.
 Suite, Apt. #, etc.
 # 306

3. Mailing Address
 Suite, Apt. #, etc.

03132008 Chg-P CR2E034 (12/06)

City & State
 Indian Shore, Florida

City & State

Zip Country Zip Country
 33785 USA

4. FEI Number
 58-2603131

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HOFSTRA, PETER T
 8640 SEMINOLE BLVD
 SEMINOLE, FL 33772

7. Name and Address of New Registered Agent

Name
 Nick Vescio

Street Address (P.O. Box Number is Not Acceptable)
 #306-19610 Gulf Blvd.

City
 Indian Shore FL Zip Code
 33785

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 _____ DATE **March 12, 2008**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VESCIO, NICK 98 CARDOBA CT MISSISSAUGA ONTARIO L5R 1G5, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nick Vescio March 12, 2008 727-593-5509

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