

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000090637

1. Entity Name
NADC HOLDINGS (2), INC.



Principal Place of Business
ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401

Mailing Address
ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042004

Chg-P

CR2E034 (10/03)

4. FEI Number

41-2109595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIENER, DAVID J ESQ.
ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

400032965774

04/16/04--01048--015 **150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME JOHN W.S. PRESTON
STREET ADDRESS ONE NORTH CLEMATIS STREET #305
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE DP ☒ Change ☐ Addition
NAME Preston, John W.S.
STREET ADDRESS One North Clematis Street, Suite 305
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE D ☐ Delete
NAME GREEN, ROBERT S
STREET ADDRESS 2851 JOHN STREET #ONE
CITY-ST-ZIP MARKHAM ONTARIO L3R 5R7,

TITLE DVST ☒ Change ☐ Addition
NAME Green, Robert S.
STREET ADDRESS 2851 John Street, Suite One
CITY-ST-ZIP Markham, Ontario L3R 5R7 Canada

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/24/04

Date

561-835-1810

Daytime Phone #

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