## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000105268

Entity Name: NIZHONI KEYAH, INC.

FILED Jan 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6242 BALBOA DRIVE 2488 S. CONWAY ROAD

ORLANDO, FL 32808 US #25

ORLANDO, FL 32812

**Current Mailing Address: New Mailing Address:** 

6242 BALBOA DRIVE PO BOX 1274

ORLANDO, FL 32808 US CHEROKEE, NC 28719 US

FEI Number: 20-0252734 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:

ATCITTY, PAMELA J SCOTT, CLINT REV. 6242 BALBOA DRIVE 3511 NÓRTH CITRUS CIRCLE

ORLANDO, FL 32808 US ZELLWOOD, FL 32798

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: REV. CLINT SCOTT 01/28/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition ATCITTY, RANDAL F ATCITTY, RANDAL F Name: Name:

6242 BALBOA DRIVE 36 WOHALI HEIGHTS Address: Address: City-St-Zip: ORLANDO, FL 32808 US City-St-Zip: CHEROKEE, NC 28719 US

( ) Delete **VPST** Title: VPD (X) Change ( ) Addition Title: ATCITTY, PAMELA J ATCITTY, PAMELA J Name: Name:

6242 BALBOA DRIVE 36 WOHALI HEIGHTS Address: Address: ORLANDO, FL 32808 US CHEROKEE, NC 28719 US City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete ST

GROCE, LISA A ATCITTY, PAMELA J Name: Name: 133 ROLLING WOODS CIRCLE 36 WOHALI HEIGHTS Address: Address: City-St-Zip: WARNER ROBINS, GA 31088 City-St-Zip: CHEROKEE, NC 28719

Title: () Delete Title: VΡ ( ) Change (X) Addition

ATCITTY, JOANNA Name: Name: Address: Address: 3527 BIRDSVILLE ROAD City-St-Zip: City-St-Zip: DAVIDSONVILLE, MD 21035

Title: Title: ( ) Change (X) Addition ( ) Delete

GROCE, LISA A Name: Name:

Address: Address: 133 ROLLING WOODS CIRCLE City-St-Zip: City-St-Zip: WARNER ROBINS, GA 31088

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: PAMELA J ATCITTY **VPD** 01/28/2009