

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000105490

**FILED**  
**Sep 01, 2009**  
**Secretary of State****Entity Name:** NELCO DEVELOPMENT COMPANY**Current Principal Place of Business:**403 W DR MLK JR BLVD  
TAMPA, FL 33603**New Principal Place of Business:**1719 N. HOWARD  
SUITE 202  
TAMPA, FL 33607**Current Mailing Address:**403 W DR MLK JR BLVD  
TAMPA, FL 33603**New Mailing Address:**1719 N. HOWARD  
SUITE 202  
TAMPA, FL 33607**FEI Number:** 59-3620880**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**NELSON, DANIEL  
403 W DR MLK JR BLD  
TAMPA, FL 33603 US**Name and Address of New Registered Agent:**NELSON, DANIEL  
1719 N. HOWARD  
SUITE 202  
TAMPA, FL 33607 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent

09/01/2009

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: MARTINEZ-ROSELL, ALMIDA  
Address: 403 W DR MLK JR BLVD  
City-St-Zip: TAMPA, FL 33603

Title: CFOP ( ) Delete  
Name: NELSON, DANIEL  
Address: 403 W DR MLK JR BLVD  
City-St-Zip: TAMPA, FL 33603

Title: COOV ( ) Delete  
Name: HALL, STEVE  
Address: 403 W DR MLK JR BLVD  
City-St-Zip: TAMPA, FL 33603

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: MARTINEZ-ROSELL, ALMIDA  
Address: 1719 N. HOWARD, SUITE 202  
City-St-Zip: TAMPA, FL 33607

Title: CFOP (X) Change ( ) Addition  
Name: NELSON, DANIEL  
Address: 1719 N. HOWARD, SUITE 202  
City-St-Zip: TAMPA, FL 33607

Title: COOV (X) Change ( ) Addition  
Name: HALL, STEVE  
Address: 1719 N. HOWARD, SUITE 202  
City-St-Zip: TAMPA, FL 33607

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:** DANIEL NELSON\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CFOP

09/01/2009

\_\_\_\_\_  
Date