2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY - ST-ZIP

Jul 19, 2007 8:00 am Secretary of State 07-19-2007 90024 031 ***550 00 **DOCUMENT # S72950** 1. Entity Name NICHOLAS D. ENTERPRISES INC. 40126070 Principal Place of Business Mailing Address 150 NORTHSIDE DR S POST OFFICE BOX 41285 JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32203 1968 HICKORY TRACE OR ORANGE PK FL 32003 No Chg-P CR2E034 (11/05) 07052007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3082283 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DURBANO, CONNIE DO NOT WRITE 150 NORTHSIDE DR JACKSONVILLE, FL 32218 IN THIS SPACE TRALE DRO 1968 HICKORY PARK FL 32003 ORANGE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE NAME DURBANO, NICHOLAS 150 NORTHSIDE DR S STREET ADDRESS CITY - ST - ZIP JACKSONVILLE, FL 32218 TITLE DURBANO, CONNIE NAME STREET ADDRESS 150 NORTHSIDE DR S JACKSONVILLE, FL 32218 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 earth; 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

FILED