

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90249 029 ***150.00

DOCUMENT # V24268

1. Entity Name
 N.I.S., INC.



Principal Place of Business
 5720 MARGATE BLVD
 MARGATE, FL 33063 US

Mailing Address
 P O BOX 93-4125
 MARGATE, FL 33093-4125 US

14022522



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0426768

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 PEEPLES, PAUL R
 727 BENJAMIN CHAIRS RD
 TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent
 Name JAME
 Street Address (P.O. Box Number is Not Acceptable)
5720 MARGATE Blvd
 City MARGATE FL Zip Code 33063

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] (NOTE: Registered Agent signature required when reinstating) DATE 4/28/04

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	
TITLE D <input type="checkbox"/> Delete	NAME PEEPLES, TEEA STREET ADDRESS 2471 DEWEY ST CITY-ST-ZIP HOLLYWOOD, FL 33021
TITLE D <input type="checkbox"/> Delete	NAME HUNTLEY, LEE B STREET ADDRESS 6071 NW 17 ST CITY-ST-ZIP MARGATE, FL
TITLE VP <input type="checkbox"/> Delete	NAME PEEPLES, PAUL STREET ADDRESS 727 BENJAMIN CHAIRS RD CITY-ST-ZIP TALLAHASSEE, FL 32311
TITLE ST <input type="checkbox"/> Delete	NAME PEEPLES, BROOKSIE STREET ADDRESS 7520 NW 79TH AVE R-2 CITY-ST-ZIP TAMARAC, FL 33321
TITLE P <input checked="" type="checkbox"/> Delete	NAME DUNKLE, STEVE STREET ADDRESS 8966 NW 52 COURT CITY-ST-ZIP CORAL SPRINGS, FL 33067
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>Vice President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>vice president</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>President, Sec, TICA</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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] DATE 4/28/04 DAYTIME PHONE # 954-977-8584