


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90031 042 \*\*\*150.00

<b>DOCUMENT # V24268</b>	
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
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**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0426768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PEEPLES., PAUL R  
 5720 MARGATE BLVD.  
 MARGATE, FL 33063

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEEPLES, TEEA 113 NORTH 32 AVE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNTLEY, LEE B 6071 NW 17 ST MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEEPLES, PAUL 727 BENJAMIN CHAIRS RD TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PEEPLES, BROOKSIE 7520 NW 79TH AVE R-2 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:** *Brooksie Peoples Pres.*      1/6/06 954-977-8584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #