


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90048 019 \*\*\*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
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**40019882**



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0426768	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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* 2/14/07 954-977-8584  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Brooksie Peoples*