

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 24, 2009  
Secretary of State**

DOCUMENT# V24268

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

**Current Principal Place of Business:**

5720 MARGATE BLVD  
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 93-4125  
MARGATE, FL 330934125 US

**New Mailing Address:**

FEI Number: 65-0426768      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: PEEPLES, TEEA  
Address: 6001 NW 17 ST  
City-St-Zip: MARGATE, FL 33063

Title: VP ( ) Delete  
Name: HUNTLEY, LEE B  
Address: 6071 NW 17 ST  
City-St-Zip: MARGATE, FL 33063

Title: VP ( ) Delete  
Name: PEEPLES, PAUL  
Address: 727 BENJAMIN CHAIRS RD  
City-St-Zip: TALLAHASSEE, FL 32311

Title: PST ( ) Delete  
Name: PEEPLES, BROOKSIE  
Address: 7520 NW 79TH AVE R-2  
City-St-Zip: TAMARAC, FL 33321

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BROOKSIE PEEPLES

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date