


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 610765
 1. Entity Name
 NASH JEWELRY CO., INC.



Principal Place of Business: 120 S. OLIVE AVE., ROOM 503, WEST PALM BEACH, FL 33401
 Mailing Address: 120 S. OLIVE AVE., ROOM 503, WEST PALM BEACH, FL 33401

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03022005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 59-1892912 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NASH, GREGORY SCOTT
 ROOM 503, 120 S. OLIVE AVENUE
 WEST PALM BEACH, FL 33401

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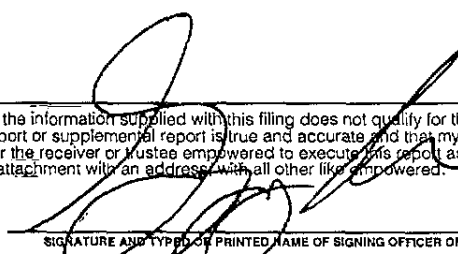
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NASH, GREGORY SCOTT
STREET ADDRESS	1094 LAKESHORE DRIVE
CITY - ST - ZIP	JUPITER, FL 33458
TITLE	VP
NAME	NASH, MARYANN C.
STREET ADDRESS	1094 LAKESHORE DRIVE
CITY - ST - ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE: 4-19-05
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #