


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 661750</b>	
1. Entity Name <b>JOHN WILLIAM NICHOLS &amp; COMPANY</b>	

Principal Place of Business <b>14890 SW 76TH CT MIAMI, FL 33158 US</b>	Mailing Address <b>14890 SW 76TH CT MIAMI, FL 33158 US</b>
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**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1989519</b>	Applied For <input type="checkbox"/> 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

**NICHOLS, JOHN WILLIAM  
14890 SW 76TH CT  
MIAMI, FL 33158**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	<b>U00000756085 05/23/07-80016-006 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST NICHOLS, JOHN WILLIAM 14890 SW 76TH CT MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICHOLS, JUSTIN WILLIAM 14890 SW 76TH CT MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NICHOLS, KAREN 14890 SW 76TH COURT MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICHOLS, JILLIAN 14890 SW 76TH COURT MIAMI, FL 33158
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 authorized 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:**  **JOHN NICHOLS DST** **4/30/07 (305) 389-8828**  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #