

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 APR 27 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04252005 Chg-P CR2E034 (10/03)

DOCUMENT # 664278			
1. Entity Name NANCY REED ENTERPRISES INC.			
Principal Place of Business 4770 BISCAYNE BLVD STE 1150 MIAMI, FL 33137		Mailing Address 9852 WINDISH RD WEST CHESTER, OH 45069 US	
2. Principal Place of Business		3. Mailing Address 4770 Biscayne Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1150	
City & State		City & State Miami, FL 33137	
Zip	Country	Zip	Country
		33137	USA
4. FEI Number 59-1976689		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		7. Name and Address of New Registered Agent	
KANTER, JOSEPH 4770 BICAYNE BLVD #1150 MIAMI, FL 33137		Name CORPDIRECT AGENTS, INC.	
		Street Address (P.O. Box Numbers Not Acceptable) 105 North Meridian Street	
		Lower Level	
		City Tallahassee	FL
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 <u><i>Radlock, Asst. Sec.</i></u> 4-27-05		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANTER, N R 4770 BISCAYNE BLVD #1150 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700054123597 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/10/05--01006--022 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KANTER, H A 4770 BISCAYNE BLVD #1150 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILDERMUTH, R.E. 9792 WINDISH RD WEST CHESTER, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John E Kanter 4770 Biscayne Blvd., #1150 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ellen Berkman 4770 Biscayne Blvd., #1150 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Maritza Pereyra 4770 Biscayne Blvd., #1150 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>John E. Kanter</i></u>		Date: 4-26-05 Daytime Phone #: 305 5764310	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

T. Roberts APR 27 2005