
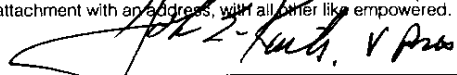


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90018 043 ***150.00

| | | | | | |
|--|--------------------------|---|---|---|--|
| DOCUMENT # 664278 | | | |  | |
| 1. Entity Name NANCY REED ENTERPRISES INC. | | | | | |
| Principal Place of Business 4770 BISCAYNE BLVD STE 1150 MIAMI, FL 33137 | | | Mailing Address 4770 BISCAYNE BLVD STE 1150 MIAMI, FL 33137 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 10 Jennifer Lynch 505 S. Flagler Drive | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 900 | | | |
| City & State | | City & State West Palm Beach FL | | 01282008 Chg-P CR2E034 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-1976689 | |
| 33401-5948 | | U.S. | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KANTER, NANCY R | | NAME | | |
| STREET ADDRESS | 4770 BISCAYNE BLVD #1150 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL | | CITY-ST-ZIP | | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KANTER, HARRY A | | NAME | | |
| STREET ADDRESS | 4770 BISCAYNE BLVD #1150 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KANTER, HILLARY A | | NAME | | |
| STREET ADDRESS | 4770 BISCAYNE BLVD #1150 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33137 | | CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | BERKMAN, ELLEN | | NAME | D VP John E. Kanter | |
| STREET ADDRESS | 4770 BISCAYNE BLVD #1150 | | STREET ADDRESS | 4770 Biscayne Blvd #1150 | |
| CITY-ST-ZIP | MIAMI, FL 33137 | | CITY-ST-ZIP | Miami, FL 33137 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  | | Date: 2/4/08 | | Daytime Phone #: 305-5764310 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |