

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770097

Entity Name: NALITH, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

C/O DAVID GLASSBERG
13615 S DIXIE HWY
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL D. TUCKER
312 E SOUTHEY AVE
ALTOONA, PA 16602

New Mailing Address:

FEI Number: 59-2323680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILSON, GLEN II
6701 SW 120TH STREET
MIAMI, FL 33156 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TUCKER, MICHAEL D
Address: 312 E SOUTHEY AVE
City-St-Zip: ALTOONA, PA 16002

Title: D () Delete
Name: GILSON, GLEN II
Address: 6701 SW 120TH STREET
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: TUCKER, JEFF
Address: 10111 SW 137TH PLACE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: KARP, HIAM
Address: 14760 SW 84TH COURT
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: EISMAN, GEORGE
Address: 3835 ROUTE 414
City-St-Zip: BURDETT, NY 15418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL TUCKER

PD

01/04/2008

Electronic Signature of Signing Officer or Director

Date