

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815809

FILED
Apr 19, 2007
Secretary of State

Entity Name: NID CORPORATION

Current Principal Place of Business:

15436 N. FLORIDA AVENUE
SUITE 200
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

15436 N. FLORIDA AVENUE
SUITE 200
TAMPA, FL 33613

New Mailing Address:

FEI Number: 34-0652556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: PALERMO, JAMES D
Address: 15436 N. FLORIDA AVENUE STE 200
City-St-Zip: TAMPA, FL 33613 US

Title: P/D () Delete
Name: DEBARTOLO, CYNTHIA R
Address: 15436 N. FLORIDA AVENUE STE 200
City-St-Zip: TAMPA, FL 33613 US

Title: AT () Delete
Name: MALLITZ, DAVID S
Address: 15436 N. FLORIDA AVENUE STE 200
City-St-Zip: TAMPA, FL 33613 US

Title: V/D () Delete
Name: DEBARTOLO, LISA M
Address: 15436 N. FLORIDA AVENUE STE 200
City-St-Zip: TAMPA, FL 33613 US

Title: T () Delete
Name: LUFKIN, GARY B
Address: 15436 N. FLORIDA AVE., STE 200
City-St-Zip: TAMPA, FL 33613

Title: V () Delete
Name: HENNI, GEZA
Address: 15436 N. FLORIDA AVE., STE 200
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID S. MALLITZ

AT

04/19/2007

Electronic Signature of Signing Officer or Director

_____ Date