

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004235

FILED
Apr 03, 2008
Secretary of State

Entity Name: NSI CONSULTING AND DEVELOPMENT, INC.

Current Principal Place of Business:

26657 WOODWARD AVE., STE 100
HUNTINGTON WOODS, MI 48070

New Principal Place of Business:

Current Mailing Address:

4820 GANDY BLVD.
TAMPA, FL 33611

New Mailing Address:

2420 ENTERPRISE RD
SUITE 201
CLEARWATER, FL 33763

FEI Number: 38-2813374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSTON, WILLIAM
4820 GANDY BLVD.
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

GAINES, SHARI A
2420 ENTERPRISE RD
SUITE 201
CLEARWATER, FL 33763 US

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: SHARI A. GAINES

04/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: O'NEILL, PATRICK J
Address: 26657 WOODWARD AVE., STE 100
City-St-Zip: HUNTINGTON WOODS, MI

Title: P () Delete
Name: SCHIRA, MICHAEL
Address: 26657 WOODWARD AVE SUITE 100
City-St-Zip: HUNTINGTON WOODS, MI 48070

Title: V () Delete
Name: CALLAGHAN, BRIAN
Address: 26657 WOODWARD AVE STE 100
City-St-Zip: HUNTINGTON WOODS, MI 48070

Title: V () Delete
Name: FOUTS, HEATHER
Address: 26657 WOODWARD AVE STE 100
City-St-Zip: HUNTINGTON WOODS, MI 48070

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:

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

SIGNATURE: PATRICK J. O'NEILL

PTSD

04/03/2008

Electronic Signature of Signing Officer or Director

Date