

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90016 010 \*\*\*158.75

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07072006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F05000005118</b>					
1. Entity Name NINA (BERMUDA) LTD., INC.					
Principal Place of Business 3505 S.E. 19TH AVENUE FORT EVERGLADES, FL 33316			Mailing Address 905 RANCHO CONEJO BLVD. NEWBURY PARK, CA 91320		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 98-0234770				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	CP MOLLEY, JOHN J 905 RANCHO CONEJO BLVD. NEWBURY, CA 91320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	CP MOLLER, JOHN J. 905 Rancho Conejo Blvd, Newbury Park CA 91320 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC CONANT, MARK 905 RANCHO CONEJO BLVD. NEW BURY, CA 91320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP	S WILLIAMS, SUSAN 5 PARK ROAD HAMILTON HM 09 BERNUDA, XX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS QUALLS, KRISTON D 905 RANCHO CONEJO BLVD. NEWBURY PARK, CA 91320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: Mark Conant, VPC			7/7/06 805-214-9200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					