2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 11, 2006 8:00 am Secretary of State 07-11-2006 90016 010 ***158.75

Principal Place of Business 3. Mailing Address Suife. Apt. #, etc. O7072006 Chg-P CR2E034 (11/05) City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S. Certificate of Status Desired T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City S. Exertificate of Status Desired Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above the institute statement for phonol aveil and their available for available for principles and propose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatings of registered agent address of New Registered agent in a both principles and principles. Principles and princi	DOCUMENT # F05000005118 1. Entity Name NINA (BERMUDA) LTD., INC.							5 90016 010 ***15	8.75
2. Principal Place of Business Suito, Api *, ref. Suito, Api *, re	Principal Place at Rusiness Mailing Address					<u> </u>			
Safe Applies Safe	3505 S.E. 19TH AVENUE		905 RANCHO CONEJO BLVD.			•			
Safe Applies Safe			A Marking Address						
City & State	2. Principal Place of Business		n. Mailing Address			 	<u> </u>		
Carrier Carr	Suite, Apt. #, etc.		Suite, Apt #, etc		07072006	Chg-P	CR2E034 (11/05)		
Country	City & State		City & State		,	†		⊢	
The above figures and address of Current Registered Agent	Zip	Country	Zip	Country				\$8.75 Add	litional
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current R	egistered Agent	Agent					<u>d</u>
Street Address (P.C. Bo Number is Not Acceptable) City FL Zip Code	C T CODE	OCCUPATION CVCTCM			Name				
8. The above tended entity automiss 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 obligation of agent. SIGNATURE SIGNATU	1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)				
B. The above digitable entity submiss 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 obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of change its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of change its registered agent, or both, in the State of Florida. I am familiar with, and accept the prior notice. In the complete of purpose of change its registered agent, or both, in the State of Florida. I am familiar with, and accept the prior notice. In the complete of purpose of purpose of the purpose of change its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of the								1	
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Pile NOW!!! FEE IS \$150.00 Due by September 6, 2006 Trust Fund Contribution. S5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	the obligat	. · · · · · · · · · · · · · · · · · · ·	he purpose of changing its i	registered	office or registe	red agent, or bo	th, in the State of F	lorida. I am familiar with,	and accept
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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 VDC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

805-214-9200