2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005906

Entity Name: NOLIM GROUP, INC.

Name: Address:

City-St-Zip:

6100 GLADES RD, SUITE 213

BOCA RATON, FL 33434

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6100 GLADES RD, SUITE 213 BOCA RATON, FL 33434 **Current Mailing Address: New Mailing Address:** 6100 GLADES RD, SUITE 213 BOCA RATON, FL 33434 FEI Number: 59-2468234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LICKSTEIN, FRED K 1395 BRICKELL AVE. 14 FLOOR MIAMI, FL 33131 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CHENG, JOHN CLETUS Name: Name: AVENIDA PRIMERA C NORTE NO. 111 APT. 87136 Address: Address: City-St-Zip: PANAMA 7, PANAMA, City-St-Zip: Title: Title: () Delete () Change () Addition Name: ESCARTIN DE CHENG, ELSA Name: AVENIDA PRIMERA C NORTE NO. 111 APT. 87136 Address: Address: PANAMA 7, PANAMA, City-St-Zip: City-St-Zip: () Delete Title: Title: DS () Change () Addition RODRIGUEZ DE GUEVARA, IDA ENELDA Name: Name: AVENIDA PRIMERA C NORTE NO. 111 APT. 87136 Address: Address: City-St-Zip: PANAMA 7, PANAMA, City-St-Zip: Title: () Delete Title: () Change () Addition ANDREONI, STEPHANIE

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.

Name:

Address:

City-St-Zip:

SIGNATURE: STEPHANIE ANDREONI D 04/26/2007