2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# F05000005906

Entity Name: NOLIM GROUP, INC.

Current Principal Place of Business:

6100 GLADES RD, SUITE 213
BOCA RATON, FL 33434

New Principal Place of Business:

1499 W. PALMETTO PARK ROAD
204
BOCA RATON, FL 33486

Current Mailing Address:

6100 GLADES RD, SUITE 213
BOCA RATON, FL 33434

New Mailing Address:

1499 W. PALMETTO PARK ROAD
204
BOCA RATON, FL 33486

FEI Number: 59-2468234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LICKSTEIN, FRED K
1395 BRICKELL AVE. 14 FLOOR
MIAMI, FL 33131 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:	CP	( ) Delete
Name:	CHENG, JOHN CLETUS	
Address:	AVENIDA PRIMERA C NORTE NO. 111 APT. 87136	
City-St-Zip:	PANAMA 7, PANAMA,	
Title:	VT	( ) Delete
Name:	ESCARTIN DE CHENG, ELSA	
Address:	AVENIDA PRIMERA C NORTE NO. 111 APT. 87136	
City-St-Zip:	PANAMA 7, PANAMA,	
Title:	DS	( ) Delete
Name:	RODRIGUEZ DE GUEVARA, IDA ENELDA	
Address:	AVENIDA PRIMERA C NORTE NO. 111 APT. 87136	
City-St-Zip:	PANAMA 7, PANAMA,	
Title:	D	( ) Delete
Name:	ANDREONI, STEPHANIE	
Address:	6100 GLADES RD, SUITE 213	
City-St-Zip:	BOCA RATON, FL 33434	

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:	D	(X) Change ( ) Addition
Name:	ANDREONI, STEPHANIE	
Address:	1499 WEST PALMETTO PARK RD #204	
City-St-Zip:	BOCA RATON, FL 33486	

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: STEPHANIE ANDREONI D 04/07/2008

Electronic Signature of Signing Officer or Director — Date