2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 05, 2007 08:00 Al Secretary of State DOCUMENT # F15711 1. Entity Namo CARL NISSENBAUM, INC. Principal Place of Business Mailing Address % CARL NISSENBAUM % CARL NISSENBAUM 1609 WOODCHUCK CT WINTER SPRINGS FL 32708 1609 WOODCHUCK CT WINTER SPRINGS FL 32708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc Suite, Apt. # etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-2050347 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NISSENBAUM, CARL Street Address (P.O. Box Number is Not Acceptable) 1609 WOODCHUCK CT WINTER SPRINGS FL 32708 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. Change THE THLE Delele NISSENBAUM, CARL U00000692318 NAME NAMI 1609 WOODCHUCK CT 04/13/07-80046-020 150.00 STREET ADDRESS STRLET ADDRESS WINTER SPRINGS FL CITY-ST-ZIP CITY-SI-ZIF SD Delete ☐ Change Addition mnr TITLE NISSENBAUM, GERALDINE NAME NAME 1609 WOODCHUCK CT SIBLE LADDRESS STREET ADDRESS WINTER SPRINGS FL CHY-SI-ZIP CITY-ST-ZIP HHE Delete ☐ Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP Change TITLE ☐ Delele 1111.6 ☐ Addition NAM NAM STREET ADORESS STREET ADDRESS CHY-ST-ZIP CITY-S1-ZIP DILL Delete □ Change Addition STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP 12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR