



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

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| DOCUMENT # F95000003894 |  |
| 1. Entity Name NES GROUP, INC. | |

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| Principal Place of Business 6140 PARKLAND BLVD., THE PARAGON CENTER SUITE 110 MAYFIELD HEIGHTS, OH 44124 | Mailing Address 6140 PARKLAND BLVD., THE PARAGON CENTER SUITE 110 MAYFIELD HEIGHTS, OH 44124 |
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| 04202007 | No Chg-P CR2E034 (11/05) |
| 4. FEI Number 34-1253221 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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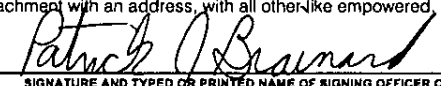
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000743345 05/15/07-80127-012 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDC TOMSICH, ROBERT J 6140 PARKLAND BLVD MAYFIELD HTS, OH 44124 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RZICZNEK, FRANK J 6140 PARKLAND BLVD. MAYFIELD HTS, OH 44124 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS BRAINARD, PATRICK J 6140 PARKLAND BLVD SUITE 110 MAYFIELD HTS, OH 44124 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  | Date: 4/23/07 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |