



# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F97000003547		
1. Entity Name NISCAYAH, INC.		

Principal Place of Business 2400 COMMERCE AVENUE BLDG 1100, SUITE 500 DULUTH, GA 30096	Mailing Address 2400 COMMERCE AVENUE BLDG 1100, SUITE 500 DULUTH, GA 30096
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
2008 NOV 17 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11032008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, STE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	---	--

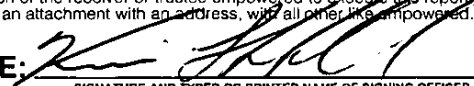
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED LOHNE, BJORN <input checked="" type="checkbox"/> Delete 2400 COMMERCE AVE, ST 500 DULUTH, GA 30096	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800138013708 11/17/08-01070-006 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOBDELL, KEVIN M <input type="checkbox"/> Delete 2400 COMMERCE AVE, ST 500 DULUTH, GA 30096	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WEAVER, MARK D <input type="checkbox"/> Delete 2400 COMMERCE AVE, ST 500 DULUTH, GA 30096	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD GUAY, MARTIN C <input type="checkbox"/> Delete 2400 COMMERCE AVE, ST 500 DULUTH, GA 30096	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASEC HARVEY, SHEILA <input checked="" type="checkbox"/> Delete 2400 COMMERCE AVE, ST 500 DULUTH, GA 30096	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  11-12-08 678-474-1920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #