


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F99000000973</b> 1. Entity Name <b>NADEAU CORPORATION</b>	
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Principal Place of Business <b>1621 STANFORD STREET SANTA MONICA, CA 90404</b>	Mailing Address <b>16130 VENTURA BLVD #320 ENCINO, CA 91436</b>
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**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>95-4713578</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NADEAU HOME 7620 NW 78TH TERRACE MEDLEY, FL 33166</b>
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IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NADEAU, THOMAS 1621 STANFORD ST. SANTA MONICA, CA 90404</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO BROOKS, STEVE 1621 STANFORD ST. SANTA MONICA, CA 90404</b>
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IN THIS SPACE**

**SIGN  
HERE**

U00000909300  
05/06/08-80064-010 150.00

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 119, 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/18/08</b> <small>Date</small>	<b>(818) 981-2240</b> <small>Daytime Phone #</small>
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