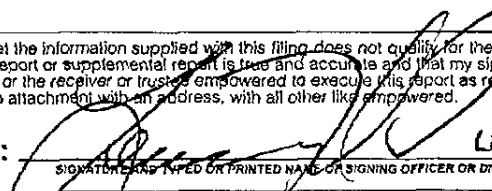


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # G43453		
1. Entity Name NISSI, INC.		
Principal Place of Business 43309 US HWY 19 N TARPON SPRINGS, FL 34689 US		Mailing Address PO BOX 1608 TARPON SPRINGS, FL 34688-1608 US
DO NOT WRITE IN THIS SPACE		
		01172006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-2299899		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
FRIEDLAND, LEW 43309 US HWY 19 N TARPON SPRINGS, FL 34689		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		U000000412357 02/10/06-80044-013 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEDLAND, LEW 43309 US HWY 19 N TARPON SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIONE, JOHN 43309 US HWY 19 NO TARPON SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FORD, DAVID 43309 US HWY 19 N TARPON SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		LEN FRIEDLAND 1/18/06 (727) 942-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #