2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G43453

1. Entity Name
NISSI, INC.

Principal Place of Business	Mailing Address
43309 US HWY 19 N TARPON SPRINGS, FL 34689 US	PO BOX 1608 TARPON SPRINGS, FL 34688-1608 US

DO NOT WRITE IN THIS SPACE

01052007   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

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000598027 01/24/07-80061-003 150.00

10.	OFFICERS AND DIRECTORS	

TITLE	DP	
NAME	FRIEDLAND, LEW	
STREET ADDRESS	43309 US HWY 19 N	
CITY-ST-ZIP	TARPON SPRINGS, FL	
TITLE	D	
NAME	MIONE, JOHN	
STREET ADDRESS	43309 US HWY 19 NO	
CITY-ST-ZIP	TARPON SPRINGS, FL	
TITLE	DST	
NAME	FORD, DAVID	
STREET ADDRESS	43309 US HWY 19 N	
CITY-ST-ZIP	TARPON SPRINGS, FL	
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: _____ LEW FRIEDLAND 1-11-07 727-942-2591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #