

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G85041

Entity Name: NBFD, INCORPORATED

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

1601 W MARION AVE
STE 203N
PUNTA GORDA, FL 33950 US

Current Mailing Address:

1601 W MARION AVE
STE 203N
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

325 SPRING VIEW CIRCLE
PORT CAHRLLOTTE, FL 33948 US

New Mailing Address:

PO BOX 511232
PUNTA GORDA, FL 33951 US

FEI Number: 59-2388701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, JAY
1601 W MARION AVE
STE 203N
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

CARLSON, JAY
325 SPRING VIEW CIRCLE
PORT CHARLOTTE, FL 33948 US

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.

SIGNATURE:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CARLSON, JAY
Address: 1601 W. MARION AVE #203N
City-St-Zip: PUNTA GORDA, FL 33950

Title: VPSD () Delete
Name: CARLSON, GINA
Address: 1601 W. MARION AVE., #203N
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: CARLSON, JAY
Address: PO BOX 511232
City-St-Zip: PORT CHARLOTTE, FL 33951

Title: VPSD (X) Change () Addition
Name: CARLSON, GINA
Address: PO BOX 511232
City-St-Zip: PORT CHARLOTTE, FL 33951

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY CARLSON

PTD

04/30/2005

Electronic Signature of Signing Officer or Director

Date