

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H07676

FILED
Jan 18, 2007
Secretary of State

Entity Name: TRIPLE NICKLE ASPHALT PAVING, INC.

Current Principal Place of Business:

3195 NORTH POWERLINE ROAD
103 E
POMPAHO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

6009 NW 1ST STREET
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 59-2421912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGLIO, RENEE
6009 N.W. 1ST STREET
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAGLIO, DANIEL
Address: 6009 N.W. 1ST STREET
City-St-Zip: MARGATE, FL 33063

Title: VP () Delete
Name: MAGLIO, RENEE
Address: 6009 NW 1ST STREET
City-St-Zip: MARGATE, FL 33063

Title: DSDT () Delete
Name: BAKER, MICHELENE
Address: 6238 N.W. 1ST STREET
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHELENE BAKER

MS.

01/18/2007

Electronic Signature of Signing Officer or Director

_____ Date