## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # H22108**

1. Entity Name
N B INVESTMENTS, INC.



Principal Place of Business

2005 W. CYPRESS CREEK RD.

SUITE 202 FT. LAUDERDALE, FL 33309 Mailing Address

2005 W. CYPRESS CREEK RD. SUITE 202

FT. LAUDERDALE, FL 33309

### FILED May 11, 2007 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

05102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-5125873

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTTERS, NATHAN 2005 W. CYPRESS CREEK RD. SUITE 202 FT. LAUDERDALE, FL 33309

# 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						
				required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIRECTORS					
TITLE	PD					
NAME	BUTTERS, NATHAN					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·					
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309					
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TITLE NAME				U00000763798		
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NAME				114	I HIS SPACE	
STREET ADDRESS					}	
CfTY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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: \_

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

neuth

TES NAME OF SIGNING OFFICER OR DIRECTOR

05/01/07

Daytime Phone #