2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# H74110

Entity Name: N. L. STREAKS, INC.

Current Principal Place of Business:

4801 N. LAUBER WAY
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 260633
TAMPA, FL 336850633

New Mailing Address:

FEI Number: 59-2624864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENOCH, MARK A
10805 BUCKSKIN PLACE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

ENOCH, MARK A
4410 SOUTH AVENUE
TAMPA, FL 33614 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: MARK A. ENOCH 01/19/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ENOCH, MARK
Address: P.O. BOX 260633
City-St-Zip: TAMPA, FL 336850633

Title: ST ( ) Delete
Name: ENOCH, DEBRA
Address: P.O. BOX 260633
City-St-Zip: TAMPA, FL 33685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DEBRA ENOCH ST 01/19/2009
Electronic Signature of Signing Officer or Director Date