2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K31504

: NETTIE BAYOU INDUSTRIES. INC

FILED Feb 09, 2007 Secretary of State

Entity Na	me: NETTIEE	BAYOU INDUSTRIES, INC.				
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
1212 ENT #5A-E	ERPRISE DRI\	/E				
PORT CH	ARLOTTE, FL	33953				
Current Mailing Address:			New Mailing Address:			
1212 ENTERPRISE DRIVE #5A-E						
	ARLOTTE, FL	33953				
FEI Number	: 65-0077075	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:			
PORT CH	ERPRISE DRI\ ARLOTTE, FL	33953 US	ournose of changing i	its renistered	office or registered agent, or both,	
	e of Florida.	domino uno statement for the p	arpose of onlinging t	io regioterea	omee of registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () COLLINGWOOI 5150 JUNGLE F SARASOTA, FL	PLUM RD	Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	PS () VOLNEY, BONN 5806 WHISTLE SARASOTA, FL	WOOD CIR.	Title: Name: Address: City-St-Zip:	VOLNEY, BON 106 S.E. COL	X) Change () Addition NNIE L ONIAL STREET OTTE, FL 33952	
Title: Name: Address: City-St-Zip:		Delete ETER E IVE	Title: Name: Address: City-St-Zip:	VP (X BERTINELLI, 106 S.E. COL	X) Change () Addition	
Title: Name: Address: City-St-Zip:	T () PARRY, GORD 192 WEST CAN BOSTON, MA	ITON STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP (WEST, BRAD 26515 TRINIL PUNTA GORD	AS DRIVE	

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: BONNIE L. VOLNEY PS 02/09/2007