

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L62715

Entity Name: NESCORP, INC.

FILED
Jan 18, 2005
Secretary of State

Current Principal Place of Business:

C/O NORMAN HOFFER
4830 SW 74TH COURT
MIAMI, FL 331554448 US

Current Mailing Address:

C/O NORMAN HOFFER
4830 SW 74TH COURT
MIAMI, FL 331554448 US

New Principal Place of Business:

C/O NORMAN HOFFER
3218 NW NORTH RIVER DRIVE
MIAMI, FL 33142 US

New Mailing Address:

C/O NORMAN HOFFER
3218 NW NORTH RIVER DRIVE
MIAMI, FL 33142 US

FEI Number: 65-0227041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFER, NORMAN
4830 S.W. 74TH COURT
MIAMI, FL 331554448 US

Name and Address of New Registered Agent:

HOFFER, NORMAN
3218 NW NORTH RIVER DRIVE
MIAMI, FL 33142 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:

01/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOFFER, NORMAN,
Address: 4830 S.W. 74TH COURT
City-St-Zip: MIAMI, FL 331554448

Title: VD () Delete
Name: HOFFER, STEVEN,
Address: 4830 S.W. 74TH COURT
City-St-Zip: MIAMI, FL 331554448

Title: STD () Delete
Name: HOFFER, EDWARD,
Address: 4830 S.W. 74TH COURT
City-St-Zip: MIAMI, FL 331554448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOFFER, NORMAN,
Address: 3218 NW NORTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33142

Title: VD (X) Change () Addition
Name: HOFFER, STEVEN,
Address: 3218 NW NORTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33142

Title: STD (X) Change () Addition
Name: HOFFER, EDWARD,
Address: 3218 NW NORTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33142

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: NORMAN HOFFER

PD

01/18/2005

Electronic Signature of Signing Officer or Director

Date