

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L76009

FILED
Jan 19, 2005
Secretary of State

Entity Name: NICKEL SANDPIPER, INC.

Current Principal Place of Business:

20011 EMERALD COAST PKWY
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

455 E. PIKES PEAK
305
COLORADO SPRINGS, CO 80903 US

New Mailing Address:

FEI Number: 59-3012960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVE
TALLAHASSEE, FL 32301 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: PD () Delete
Name: EARLES, CHARLES E
Address: 20011 EMERALD COAST PKWY
City-St-Zip: DESTIN, FL

Title: ST () Delete
Name: EARLES, CAROL
Address: 20011 EMERALD COAST PKWY
City-St-Zip: DESTIN, FL

Title: D () Delete
Name: CHRISTENSEN, ROBERT L
Address: 20011 EMERALD COAST PKWY
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: TREESE, HARRY S
Address: 3901 W WACO DR
City-St-Zip: WACO, TX 76710

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:

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 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: ROBERT CHRISTENSEN

D

01/19/2005

Electronic Signature of Signing Officer or Director

Date