


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90171 042 ***150.00

DOCUMENT # M02284			
1. Entity Name NDS FINANCIAL GROUP, INC.			
Principal Place of Business C/O NEIL D SCHWARTZ 7283 SARIMENTO PLACE DELRAY BEACH, FL 33-4446 US		Mailing Address C/O NEIL D SCHWARTZ P.O. BOX 810426 DELRAY BEACH, FL 33446 US	
2. Principal Place of Business - No P.O. Box # 13258 SOLANA BEACH COVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DELRAY BEACH, FL		City & State	
Zip 33446	Country US	Zip	Country
6. Name and Address of Current Registered Agent SCHWARTZ, NEIL D 7283 SARIMENTO PLACE DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name NEIL D. SCHWARTZ Street Address (P.O. Box Number is Not Acceptable) 13258 SOLANA BEACH COVE City DELRAY BEACH FL Zip Code 33446	
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 NEIL D. SCHWARTZ <i>Neil D Schwartz</i> DATE 3/3/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCHWARTZ, NEIL D. 7283 SARIMENTO PLACE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCHWARTZ, NEIL D. 13258 SOLANA BEACH COVE DELRAY BEACH, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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: NEIL D. SCHWARTZ, PRES <i>Neil D Schwartz, Pres</i>		Date	Daytime Phone #
		3/31/07	(561) 620-5705

New Address

