


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90015 042 ***150.00

DOCUMENT # M40006 1. Entity Name NORMIE CORP.	
-------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business C/O CHAYIM KESSLER, CPA 975 41ST STREET #406 MIAMI BEACH, FL 33140 US	Mailing Address C/O CHAYIM KESSLER, CPA 975 41ST STREET #406 MIAMI BEACH, FL 33140 US
---------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------

50024159

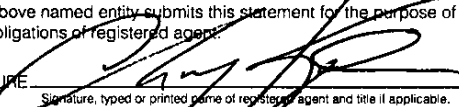


2. Principal Place of Business 150 NW 168th Street Suite, Apt. #, etc. 217 City & State N. Miami Beach, FL Zip 33169	3. Mailing Address 150 NW 168th Street Suite, Apt. #, etc. 217 City & State N. Miami Beach, FL Zip 33169
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------

05092006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2755771	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAYIM KESSLER, CPA 975 41ST STREET #406 MIAMI BEACH, FL 33140	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 150 NW 168th Street, Suite #217 City N. Miami Beach, FL Zip Code 33169	

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  DATE **5/9/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CHAYIM KESSLER 630 NE 175TH STREET MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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
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:  DATE **5/9/06** DAYTIME PHONE # **305 612 4422**

SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR