2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 08:00 AM Secretary of State

DOCUMENT # M42964 1. Entity Name NIC-HID CORP.		· · · · · · · · · · · · · · · · · · ·	Secretary of State	
Principal Place of 230 NW 29TH 5	STREET	Mailing Address 230 NW 29TH STREET		- - - -
Miami, FL 331	27-3912	MIAMI, FL 33127-3912		4 (COCCUENT SIX WINES THESE THESE THING WITH MONEY REMOTE HEATT BURKE RELECT ACCUST ANALYSINGS.
DO NOT WRITE IN THIS SPACE				01132006 No Chg-P CR2E034 (11/05)
D	J NO! WRITE	IN THIS SPA	CE	4. FEI Number Applied For 59-2743476 Not Applicable
		المنبعة عليماء مقتر لك الراء والدار المادي المادي المتحدد	ya managan da	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent LEHMAN, BETTY D.				
230 N.W. 29TH STREET MIAMUEL 22127				
IN THIS SPACE				
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				
Signature, typod or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaling) DATE				
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIS	RECTORS ,	1	
NAME L	EHMAN, DENNIS 30 N.W. 29TH STREET			
CITY-ST-ZIP IV	MAMI, FL	<u>. w</u>	<u>.</u>]	
NAME L	PD EHMAN, BETTY			
	30 N.W. 29TH STREET NAMN, FL		<u>}</u> :	100000388762 01/20/06-80019-014 500.00
TITLE NAME				
STREET ADDRESS CITY-ST-ZIP		<u></u> <u></u>		DO NOT WRITE
TITLE NAME				IN THIS SPACE
STREET ADDRESS CITY-SY-ZIP				e de la companya de
TITLE NAME				
STREET ADDRESS CITY-SY-ZIP			Security of the security of th	
TYTLE NAME]	
STREET ADDRESS		_		
12. I hereby certify that the information supplied with this filing goes not quality 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 employered 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 SIGNATURE AND TYPED OR PRINTED IN MICE OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DESCRIPTION OF DESC				
BETTY D. LEHMAN				