2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N08000003029

Entity Name: NEMA HOUSE, INC.

Current Principal Place of Business:

5356 CHISWICK CIR.
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

5356 CHISWICK CIR.
ORLANDO, FL 32812

New Mailing Address:

P.O. BOX 593328
ORLANDO, FL 32859

FEI Number: 26-2954614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WATTS, ANTOINETTE
5356 CHISWICK CIR.
ORLANDO, FL 32812 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WATTS, ANTOINETTE	
Address:	5356 CHISWICK CIR.	
City-St-Zip:	ORLANDO, FL 32812	
Title:	VS	( ) Delete
Name:	WATTS, ANTOINAE	
Address:	5356 CHISWICK CIR.	
City-St-Zip:	ORLANDO, FL 32812	
Title:	T	( ) Delete
Name:	NICHOLS, SHAWNKERIA	
Address:	1812 NEWTON ST.	
City-St-Zip:	ORLANDO, FL 32818	
Title:	D	( ) Delete
Name:	WILLIAMS, SHERRIE	
Address:	1407 N. HART BLVD.	
City-St-Zip:	ORLANDO, FL 32818	
Title:	D	( ) Delete
Name:	PARADISE, SUSAN	
Address:	2825 ALAMO DR.	
City-St-Zip:	ORLANDO, FL 32805	

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTOINETTE WATTS P 02/16/2009

Electronic Signature of Signing Officer or Director — Date