


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 JUN 10 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002849 1. Entity Name THE NELSEN RESIDENCE, INC.					
Principal Place of Business 2315 SE 15TH PLACE OFFICE CAPE CORAL, FL 33990		Mailing Address 2323 DEL PRADO BLVD. BLDG. 7, UNIT 311 CAPE CORAL, FL 33990			
2. Principal Place of Business 2315 S.E. 15th Place		3. Mailing Address 2315 S.E. 15th Place			
Suite, Apt. #, etc. Office		Suite, Apt. #, etc. Office			
City & State Cape Coral, FL		City & State Cape Coral, FL		4. FEI Number 65-0443152	
Zip 33990		Country USA		Applied For Not Applicable	
Zip 33990		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HRANEK, CHRISTOPHER J 2323 DEL PRADO BLVD. STE. 7, UNIT 311 CAPE CORAL, FL 33990				7. Name and Address of New Registered Agent Name Jerome F. Valenta Street Address (P.O. Box Number is Not Acceptable) 2315 S.E. 15th Place City Cape Coral, FL Zip Code 33990	
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 obligation of registered agent. SIGNATURE: <i>Jerome F. Valenta</i> 6/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSEN, ELEANOR M 2315 SE 15TH PLACE CAPE CORAL, FL 33990	<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	D SIKORSKI, LESZEK STUDYING AT FORDHAM UN. NEW YORK, NY 100106463	<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	D FIGURSKI, WANDA 1415 S.E. 29TH ST. CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Pres, - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jerome F. Valenta 2315 S.E. 15th Place Cape Coral, FL 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGURSKI, MITCHELL 1415 S.E. 29TH ST CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gladys Monji 2315 S.E. 15th Place Cape Coral, FL 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, RAYMOND 2315 SE 15TH PLACE UNIT 13 CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jesse Boyar 2315 S.E. 15th Place Cape Coral, FL 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, JAMES 2315 SE 15TH PLACE, UNIT 6 CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	None <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jerome F. Valenta</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 6/7/05 (239) 458-4229		Daytime Phone #



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