2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006150

FILED Jul 05, 2005 Secretary of State

Entity Name: NIA GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 767 S. STATE ROAD 7 SUITE 20 MARGATE, FL 33068 **New Mailing Address: Current Mailing Address:** 767 S. STATE ROAD 7 SUITE 20 MARGATE, FL 33068 FEI Number: 65-0712638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of New Registered Agent: Name and Address of Current Registered Agent: JACKSON, BEATRICE S MELENDEZ, RONALD D 10205 SUNRISE LAKES BLVD. 6010 SOUTH FALLS CIRCLE DRIVE #105 SUNRISE, FL 33322 US LAUDERHILL, FL 33319 US 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: RONALD D. MELENDEZ 07/05/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition JACKSON, BEATRICE S WHEELER, KATINA Name: Name: 10205 SUNRISE LAKES BLVD. #105 Address: 3070 SOUTH OAKLAND FORREST DRIVE #301 Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: OAKLAND PARK, FL 33309 Title: () Delete Title: (X) Change () Addition MELENDEZ, RONALD D Name: MELENDEZ, RONALD D Name: Address: 84 LAWRENCE STRTEET Address: 6010 SOUTH FALLS CIRCLE DRIVE #212 City-St-Zip: METHUEN, MA 01844 City-St-Zip: LAUDERHILL, FL 33319 Title: () Delete Title: () Change () Addition MOORE, AURELIA Name: Name: 449 HOMELAND ROAD Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: () Change () Addition Name: RANGE, RONALD S Name: Address: 10995 NW 26TH PLACEE Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RONALD D MELENDEZ D 07/05/2005