2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000003039

1. Entity Name

NOLLER DESIGN GROUP, INC.



Principal Place of Business

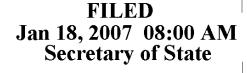
3551 BONITA BAY BLVD.

STE. #2 Bonita Springs, FL 34134 Mailing Address

3551 BONITA BAY BLVD.

STE. #2

BONITA SPRINGS, FL 34134





01042007

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. FEI Number	Applied For
65-0975005	Not Applicable

5. Certificate of Status Desired

No Chq-P

\$8.75 Additional

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

343 ALME	& UTRERA, P.A. RIA AVENUE ABLES, FL 33134			NOT WRITE THIS SPACE	
8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	ed office or registered agent, or b	oth, in the State of Florida. I am fam	iliar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title	il applicable (NOTE: Registere	ed Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	_ +0.00 inu, 50		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PSTD NOLLER, JACK 3551 BONITA BAY BLVD. STE #2 BONITA SPRINGS, FL 34134		and the second s	000000590669 01/18/07-80065-01	2 150.00
TITLE NAME Street Address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	en e
NAME STREET ADDRESS CITY-ST-ZIP			in in	THIS SPACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE					er en

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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(239)992-16

Daytime Phor