2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# P00000021551

Entity Name: NICKMARK CORPORATION

Current Principal Place of Business:

8640 SEMINOLE BLVD.
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

5 CHILTERN CLOSE, CHESYLN HAY WALSALL
WEST MIDLANDS ENGLAND
WS6 7PJ, XX

New Mailing Address:

5 CHILTERN CLOSE, CHESYLN HAY WALSALL
WEST MIDLANDS ENGLAND
WS6 7PJ, XX XX XX

FEI Number: 59-3634995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFSTRA, PETER T
8640 SEMINOLE BLVD.
SEMINOLE, FL 33772 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROSE, CHRISTOPHER T
Address: 5 CHILTERN CLOSE CHESLYN-HAY WALSALL
City-St-Zip: WEST MIDLANDS, ENGLAND, WS6 7PJ

Title: S ( ) Delete
Name: ROSE, ELIZABETH Q M
Address: 5 CHILTERN CLOSE CHESLYN-HAY WALSALL
City-St-Zip: WEST MIDLANDS, ENGLAND, WS6 7PJ

Title: VP ( ) Delete
Name: ROBERGE, THOMAS
Address: 1 BEACH DR, SE #220
City-St-Zip: ST PETE, FL 33771

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER ROSE P 02/20/2008

Electronic Signature of Signing Officer or Director — Date