

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90033 028 \*\*\*150.00

<b>DOCUMENT # P00000035353</b> 1. Entity Name <b>NOMADIC ENTERPRISES, INC.</b>					
Principal Place of Business <b>3229 SW 15TH AVE. FT. LAUDERDALE, FL 33315</b>			Mailing Address <b>3229 SW 15TH AVE. FT. LAUDERDALE, FL 33315</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>20365 E. WAGON WHEEL CIR.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152007    Chg-P    CR2E034 (12/06)	
City & State		City & State <b>BLACK CANYON CITY AZ</b>		4. FEI Number <b>65-1016385</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>85324</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>PULVER, JONATHAN 3229 SW 15TH AVE. FT. LAUDERDALE, FL 33315</b>			7. Name and Address of New Registered Agent Name <b>PULVER, CHRISTINE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3660, NW 119TH AVE.</b> City <b>SUNRISE</b> FL    Zip Code <b>33323</b>		
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 obligations of registered agent. SIGNATURE <u>Christine I. Pulver</u> <b>CHRISTINE I. PULVER (DR) APR 23<sup>RD</sup> 2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULVER, JONATHAN L 3229 SW 15TH AVE. FT. LAUDERDALE, FL 33315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULVER, JONATHAN L. 20365 E. WAGON WHEEL CIR. BLACK CANYON CITY AZ 85324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULVER, CHRISTINE I 3229 SW 15TH AVE. FT. LAUDERDALE, FL 33315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULVER, CHRISTINE I. 3660, NW 119TH AVE. SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>Christine I. Pulver</u>    <b>CHRISTINE I. PULVER 4/23/07 954-398-1834</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					