2008 FOR PROFIT CORPORATION

FILED Anr 29. 2008 08:00 AN ate

ANNUAL REPORT					Secretary of Sta			
DOCUMENT # P00000072625 1. Entity Name NKS INVESTMENTS, INC.					D	eci cia	y or Su	
Principal Place of Business 211 E INERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32118 Mailing Address 211 E INERNATIONAL SPEEDW DAYTONA BEACH, FL 32118			YAY BLVD					
D	O NOT WRITE	IN THIS SPA	CE	04162008 4. FEI Numb 59-366	No Chg-P	CR2E034 (1	Applied For Not Applicable	
	6. Name and Address of Current Re	alatared Agent	1	J. Certinicate		Fee F	Required	
AMON, URSULA 211 INTERNATIONAL SPEEDWAY BLVD., #213 DAYTONA BEACH, FL 32118					NOT W THIS SP			
	named entity submits this statement for the ions of registered agent.				th, in the State of Flo	rida. I am famili	ar with, and accept	
Signature, typed or printed name of registered agent and title if applicable (NOTE Registere FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.				5.00 May Be		DATE		
10.	OFFICERS AND DI	RECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMON, URSULA 211 E INTL SPEEDWAY BLVD DAYTONA BEACH, FL 32118 S AMON, FELIX 211 E INTL SPEEDWAY BLVD DAYTONA BEACH, FL 32118				U000009 05/22/08-6	331584 30021-00€	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W	•	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	ACE		
TITLE NAME			1					

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: __

STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08 386-253-5700 Dayine Proce #