2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2005 8:00 am Secretary of State

DOCUMENT # P00000087353 1. Entity Name NICHEDIRECTORIES INVESTMENT GROUP, INC.					The state of the s	01-24-2005 \$	90050 006 ***150		
Principal Place of Business 6421 CONGRESS AVENUE SUITE 200 BOCA RATON, FL 33487		Mailing Address 6421 CONGRESS AVENUE SUITE 200 BOCA RATON, FL 33487				.	-		
Principal Place of Business 3. Mailing Addr		3. Mailing Address	Address						
2500 N. Military Trail Suite, Apt. #, etc. Suite 450		2500 N. Military Trail Suite, Apl. #, etc. Suite 450		01202005	Chg-P	CR2E034 (10/03)	,		
City & State		City & State BOCA RATON, FL		4. FEI Numbe 65-1045	-	 	plied For t Applicable		
Zip	Country	Zip	Countr	•		of Status Desired	□ \$8.75 Add	itional	
3342	6. Name and Address of Current	1,33U31	Palm	Beach		Address of New R	Fee Require	d	
	b. Name and Address of Current	registered Agent		Name		Audiess of New h	egistered Agent		
DIAMOND 6421 CON	, NANCY GRESS AVE, SUITE 200			Street Address (P.O. Box Number is Not Acceptable)					
	TON, FL 33487			265				-~	
			-	2500 N. Military Trail, Ste 450					
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 obligat	ions of registered agent.	.0			-	1			
SIGNATURE / Signature, type-Dir printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND		11.	P/		CHANGES TO OFF	ICERS AND DIRECTORS		
TITLE NAME	P/T DIAMOND, NANCY L	☐ Delete	TITLE NAME		· ·		Change	☐ Addition	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·				MOND, NE	MCV L.			
CITY-ST-ZIP	0.0.00,00.000,000,000,000,000	TE 200		Taddress 260	AMOND, ME Willim M CO	INCY L. RaiTrail, St	uite 460		
	BOCA RATON, FL 33487		CITY-	Taddress 250	AMOND, NA OO N. Milito OCA RATON,	en, Trail, St			
TITLE NAME	BOCA RATON, FL 33487 VP/S	TE 200 □ Delete	CITY-1	T ADDRESS 250 ST-ZIP BC	00 M. Milita	en, Trail, St	LÍTE 460	☐ Addition	
NAME STREET ADDRESS	BOCA RATON, FL 33487 VP/S BREGMAN, KIM N 17914 FOXBOROUGH LANE		CITY-S TITLE NAME STREE	T ADDRESS 26A ST-ZIP BC	00 M. Milita	en, Trail, St			
NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON, FL 33487 VP/S BREGMAN, KIM N	☐ Delete	CITY-: TH'LE NAME STREE CITY-:	TADDRESS 250 ST-ZIP BC	00 M. Milita	en, Trail, St	☐ Change	☐ Addition	
NAME STREET ADDRESS	BOCA RATON, FL 33487 VP/S BREGMAN, KIM N 17914 FOXBOROUGH LANE		CITY-S TITLE NAME STREE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	00 M. Milita	en, Trail, St			
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2. I hereby certify that the information supplied with this filing does not qualify 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 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: _	Nay Diact		120105	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC	TOR	Date	Daytime Phone #