



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-24-2005 90050 006 \*\*\*150.00

<b>DOCUMENT # P00000087353</b> 1. Entity Name NICHEDIRECTORIES INVESTMENT GROUP, INC.					
Principal Place of Business 6421 CONGRESS AVENUE SUITE 200 BOCA RATON, FL 33487			Mailing Address 6421 CONGRESS AVENUE SUITE 200 BOCA RATON, FL 33487		
2. Principal Place of Business 2500 N. Military Trail Suite, Apt. #, etc. Suite 450 City & State Boca Raton, FL Zip 33431 Country Palm Beach		3. Mailing Address 2500 N. Military Trail Suite, Apt. #, etc. Suite 450 City & State Boca Raton, FL Zip 33431 Country Palm Beach			
4. FEI Number 65-1045062				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01202005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DIAMOND, NANCY 6421 CONGRESS AVE, SUITE 200 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) 2500 N. Military Trail, Ste 450 City Boca Raton FL Zip Code 33431		
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>Nancy Diamond</u> DATE <u>1/20/05</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P/T NAME DIAMOND, NANCY L STREET ADDRESS 6421 CONGRESS AVENUE, SUITE 200 CITY-ST-ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Delete		TITLE P/T NAME DIAMOND, NANCY L. STREET ADDRESS 2500 N. Military Trail, Suite 450 CITY-ST-ZIP Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP/S NAME BREGMAN, KIM N STREET ADDRESS 17914 FOXBOROUGH LANE CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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: <u>Nancy Diamond</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/20/05</u> Daytime Phone #		