


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90084 050 \*\*\*150.00

<b>DOCUMENT # P00000099287</b>	
1. Entity Name <b>NELLO CORPORATION</b>	

**40003573**



Principal Place of Business <b>6232 BEECHWOOD AVE. <i>BEECHWOOD AVE.</i></b> <b>SARASOTA, FL 34231</b>	Mailing Address <b>6232 BEECHWOOD AVE.</b> <b>SARASOTA, FL 34231</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>P.O. BOX 19046</b>	
City & State		City & State <b>SARASOTA, FL</b>	
Zip	Country	Zip	Country
		<b>34276-2046</b>	

01102006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1146722</b> <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OLLEN, JOHN E <b>6232 BEECHWOOD AVE. <i>BEECHWOOD AVE</i></b> <b>SARASOTA, FL 34231</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	

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

Signature, typed or 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLLEN, JOHN E	NAME	
STREET ADDRESS	6232 BEECHWOOD AVE.	STREET ADDRESS	<b>6232 BEECHWOOD AVE.</b>
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLLEN, THERESA W	NAME	
STREET ADDRESS	6232 BEECHWOOD AVE.	STREET ADDRESS	<b>6232 BEECHWOOD AVE.</b>
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLLEN, PETER E	NAME	
STREET ADDRESS	6232 BEECHWOOD AVE.	STREET ADDRESS	<b>6232 BEECHWOOD AVE.</b>
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *John E. Ollen (JOHNE. OLLEN)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN. 12/06** **941-923-5944**  
Date Daytime Phone #