

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000007898

Entity Name: NANDI, INC.

FILED
Jun 27, 2005
Secretary of State

Current Principal Place of Business:

8947 WASHINGTON AVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

8947 WASHINGTON AVE.
JACKSONVILLE, FL 32208

Current Mailing Address:

8947 WASHINGTON AVE
JACKSONVILLE, FL 32208

New Mailing Address:

8947 WASHINGTON AVE.
JACKSONVILLE, FL 32208

FEI Number: 30-0085643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOVER, LYNDIAH M
8947 WASHINGTON AVE
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

MALLOY-GLOVER, LYNDIAH
8947 WASHINGTON AVE.
JACKSONVILLE, FL 32208 US

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.

SIGNATURE: LYNDIAH MALLOY-GLOVER

06/27/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: BIVINS, RACHELLE
Address: 8947 WASHINGTON AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: S () Delete
Name: GLOVER, LYNDIAH M
Address: 4583 BECKMAN ST
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP () Delete
Name: HODGE, KAREN
Address: 9829 STAPLE INN CT
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: BIVINS, RACHELLE
Address: 5620 COLLINS RD. #606
City-St-Zip: JACKSONVILLE, FL 32244

Title: S (X) Change () Addition
Name: MALLOY-GLOVER, LYNDIAH
Address: 8947 WASHINGTON AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP (X) Change () Addition
Name: HODGE, KAREN
Address: 9829 STAPLE INN CRT.
City-St-Zip: JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHELLE BIVINS

PC

06/27/2005

Electronic Signature of Signing Officer or Director

Date