2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000007898

Entity Name: NANDI, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8947 WASHINGTON AVE. 8947 WASHINGTON AVE. JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208 US **Current Mailing Address: New Mailing Address:** 8947 WASHINGTON AVE 8947 WASHINGTON AVE. JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208 US FEI Number: 30-0085643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MALLOY-GLOVER, LYNDAH 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BIVINS, RACHELLE BIVINS, RACHELLE Name: Name: 13556 FOX GLOVE STREET 1672 TURNSTONE WAY Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: CLERMONT, FL 34711 Title: Title: () Delete () Change () Addition Name: MALLOY-GLOVER, LYNDAH Name: 8947 WASHINGTON AVE. Address: Address: JACKSONVILLE, FL 32208 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition VP. () Delete VΡ HODGE, KAREN Name: HODGE, KAREN Name: 9829 STAPLE INN CRT. 1672 TURNSTONE WAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LYNDAH MALLOY-GLOVER S 04/27/2009