

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90093 002 \*\*\*550.00

<b>DOCUMENT # P01000033370</b> 1. Entity Name <b>NICHE MARKETING SPECIALIST INC.</b>																													
Principal Place of Business <b>1010 SEMINOLE DRIVE #907 FORT LAUDERDALE, FL 33304</b>			Mailing Address <b>1010 SEMINOLE DRIVE #907 FORT LAUDERDALE, FL 33304</b>																										
2. Principal Place of Business <b>320 Plaza Real</b> Suite, Apt. #, etc. <b>604</b>		3. Mailing Address <b>320 Plaza Real</b> Suite, Apt. #, etc. <b>604</b>																											
City & State <b>Boca Raton, Florida</b>		City & State <b>Boca Raton, Florida</b>		4. FEI Number <b>65-1092535</b>																									
Zip <b>33432</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>HEATH, WILLIAM 1010 SEMINOLE DRIVE #907 FORT LAUDERDALE, FL 33304</b>				7. Name and Address of New Registered Agent Name <b>William P. Heath, III</b> Street Address (P.O. Box Number is Not Acceptable) <b>320 Plaza Real</b> Apt. <b>604</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33432</b>																									
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><i>W. P. Heath III</i></u> DATE <u>07/05/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
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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><i>W. P. Heath III</i></u> DATE <u>07/05/04</u> (954) 610-8969 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													