

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90876 001 ***450.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000066133 1. Entity Name NMCI, INC.		 55037255																									
Principal Place of Business 25635 N. 47TH DRIVE GLENDAL, AZ 85340 US		Mailing Address PO BOX 11809 GLENDAL, AZ 85342 US																									
2. Principal Place of Business 9155 Maler Road Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State San Diego, CA		City & State _____																									
Zip 92129		Zip _____																									
Country _____		Country _____																									
4. FEI Number 58-2650834		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BLALOCK, CHARLES D 1007 FAIR WINDS CIRCLE #207 PLANT CITY, FL 33567		7. Name and Address of New Registered Agent Name Naples Lawdock, Inc. Street Address (P.O. Box Number is Not Acceptable) 4501 Tamiami Trail North #300 City Naples FL 34103																									
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 a registered agent.																											
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/21/03 <small>(NOTE: Registered Agent's signature required when written only)</small>																									
FILE NOW!!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE D NAME MAGUIRE, JAMES E STREET ADDRESS 26635 NORTH 47TH DRIVE CITY-ST-ZIP GLENDAL, AZ 85310 </td> <td style="width: 50%; padding: 2px;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> </table>		TITLE D NAME MAGUIRE, JAMES E STREET ADDRESS 26635 NORTH 47TH DRIVE CITY-ST-ZIP GLENDAL, AZ 85310	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE PTD NAME Mary C. Lumm STREET ADDRESS 9155 Maler Road CITY-ST-ZIP San Diego, CA 92129 </td> <td style="width: 50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE VPSD NAME James R. Lumm STREET ADDRESS 9155 Maler Road CITY-ST-ZIP San Diego, CA 92129 </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		TITLE PTD NAME Mary C. Lumm STREET ADDRESS 9155 Maler Road CITY-ST-ZIP San Diego, CA 92129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE VPSD NAME James R. Lumm STREET ADDRESS 9155 Maler Road CITY-ST-ZIP San Diego, CA 92129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4-13-03																									
DAYTIME PHONE # 8585383721		CR2034 (10/02)																									