

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104362

FILED
Mar 08, 2004
Secretary of State

Entity Name: NML VENTURES, INC.

Current Principal Place of Business:

4534 6TH LANE SW
VERO BEACH, FL 32968

New Principal Place of Business:

Current Mailing Address:

4534 6TH LANE SW
VERO BEACH, FL 32968

New Mailing Address:

FEI Number: 65-1151857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHER, MAUREEN
4534 6TH LANE SW
VERO BEACH, FL 32968

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: AUSTIN, FRANCES M
Address: 4534 6TH LANE SW
City-St-Zip: VERO BEACH, FL 32968

Title: TD () Delete
Name: AUSTIN, MAUREEN
Address: 4534 6TH LANE SW
City-St-Zip: VERO BEACH, FL 329684019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: FISCHER, MAUREEN
Address: 4534 6TH LANE SW
City-St-Zip: VERO BEACH, FL 329684019

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: FRANCES M AUSTIN

PD

03/08/2004

Electronic Signature of Signing Officer or Director

_____ Date