


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000104362 1. Entity Name NML VENTURES, INC.	
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Principal Place of Business 4534 6TH LANE SW VERO BEACH, FL 32968	Mailing Address 4534 6TH LANE SW VERO BEACH, FL 32968
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**DO NOT WRITE IN THIS SPACE**



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1151857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AUSTIN, FRANCES M 4534 6TH LANE SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FISCHER, MAUREEN 4534 6TH LANE SW VERO BEACH, FL 329684019
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 04/20/05-80045-024 150.00

**DO NOT WRITE IN THIS SPACE**

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: Maureen Fischer Treas Maureen Fischer 3-28-05 772 770-4321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #