

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120540

Entity Name: NI-SHIL CORPORATION

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

2480 STATE RD 207
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

2480 STATE RD 207
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 03-0374610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, ARPITA S
2480 S R 207
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

PATEL, ARPITA S
5350 CYPRESS LINKS BLVD.
ELKTON, FL 32033 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:

01/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PATEL, ARPITA S
Address: 2236 COMMODORES CLUB BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: PATEL, SANJAY J
Address: 2236 COMMODORES CLUB BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: SHAH, SUMMIT
Address: 402 HIGHPOINT DRIVE # 101
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PATEL, ARPITA S
Address: 5350 CYPRESS LINKS BLVD.
City-St-Zip: ELKTON, FL 32033

Title: D (X) Change () Addition
Name: PATEL, SANJAY J
Address: 5350 CYPRESS LINKS BLVD.
City-St-Zip: ELKTON, FL 32033

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SANJAY PATEL

D

01/10/2007

Electronic Signature of Signing Officer or Director

Date