

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008303

Entity Name: NOFIL INVESTMENTS, INC.

FILED  
Jan 04, 2007  
Secretary of State

## Current Principal Place of Business:

5379 LYONS RD, PMB 304  
COCONUT CREEK, FL 33073 US

## New Principal Place of Business:

## Current Mailing Address:

5379 LYONS RD, PMB 304  
COCONUT CREEK, FL 33073 US

## New Mailing Address:

FEI Number: 42-1528445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOFIL, MIMI  
5379 LYONS ROAD  
PMB 304  
COCONUT CREEK, FL 33073 US

## 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: PTD ( ) Delete  
Name: NOFIL, MIMI  
Address: 5379 LYONS ROAD, PMB 304  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: VPSD ( ) Delete  
Name: NOFIL, JAMES  
Address: 5379 LYONS ROAD, PMB 304  
City-St-Zip: COCONUT CREEK, FL 33073 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MIMI NOFIL

PTD

01/04/2007

Electronic Signature of Signing Officer or Director

Date