## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 14, 2008 8:00 am Secretary of State

DOCUMENT # P02000022316  1. Entity Name N21 HOLDINGS, INC.				02-14-2008 90029 034 ***150.00
Principal Place of Business 2052 BEN FRANKLIN BLVD UNIT 201 SARASOTA, FL 34236		Mailing Address 3550 CORPORATE WA SUITE C DULUTH, GA 30096	Y	
2. Principal Place of Business - No P.O. Box #		x # 3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102008 Chg-P CR2E034 (12/06)
City & State		City & State	•	4. FEI Number Applied For 75-3018408 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of	Current Registered Agent	Name	7. Name and Address of New Registered Agent
1200 S. PI	DRATION SYSTEM NE ISLAND RD. ON, FL 33324		Street A	Address (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
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				
FILE NOWIL! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.		RS AND DIRECTORS	11:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	D DORNAN, JAMES 280 GULF BLVD.	☐ Delete	TITLE NAME STREET ADDRESS	DORMAN JAMES 2052 Ben Franklin On Unit 201
CITY-ST-ZIP	BELLAIR, FL 33786		CIFY-ST-ZIP	SALA SOTA FL 3+234
NAME	DORNAN, NANCY	☐ Delete	TITLE NAME STREET ADORESS	Dorman Namey  205 Ben Franklin DR. unit 201
STREET ADDRESS CITY-ST-ZIP	280 GULF BLVD. BELLAIR, FL 33786		CITY-ST-ZIP	SARASOTA FL 34236
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
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NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition  ∴
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report if 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 trusted employees 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 accuracy with all other like empowered.  SIGNATURE:				

GNAZORE AND TYPED OR PRINTEDINAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #