2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000081351 02-14-2008 90028 011 ***150.00 NARDAT ENTERPRISES, INC. Principal Place of Business Mailing Address 2760 CITRON DRIVE 2760 CITRON DRIVE LONGWOOD, FL 32779 LONGWOOD, FL 32779 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0705777 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUIJSMANS, TAMMIE L DO NOT WRITE 2760 CITRON DRIVE LONGWOOD, FL 32779 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HUIJSMANS, ANDRE A NAME STREET ADDRESS 2760 CITRON DRIVE LONGWOOD, FL 32779 CITY-ST-ZIP TITLE HUIJSMANS, TAMMIE L 2760 CITRON DRIVE STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 a

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME E OF SIGNING OFFICER OR DIRECTOR

FILED Feb 14, 2008 8:00 am