

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000134388

1. Entity Name  
NILE UNDERGROUND TECHNOLOGIES, INC.



**FILED  
Apr 21, 2005 8:00 am  
Secretary of State**

04-21-2005 90226 006 \*\*\*150.00

Principal Place of Business  
3422 S. ORLANDO DR.  
SANFORD, FL 32773

Mailing Address

3422 S. ORLANDO DR.  
SANFORD, FL 32773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DENNARD, TIMOTHY R JR  
3418 S ORLANDO DR  
SANFORD, FL 32773

3422 S. Orlando Dr.

Name

Street 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

Signature, typed or printed name of registered agent and title, if applicable.

DATE

2/2/05

(NOTE: Registered Agent signature required when reinstating)

**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: DPST  
NAME: DENNARD, TIMOTHY R JR  
STREET ADDRESS: 3422 S. ORLANDO DRIVE  
CITY-ST-ZIP: SANFORD, FL 32773

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Change  Addition  
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CITY-ST-ZIP:  Change  Addition

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 another like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05 (321)403-7992  
Date Daytime Phone #