


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90081 038 \*\*\*150.00

<b>DOCUMENT # P03000005258</b>	
1. Entity Name <b>NIKITA HOLDINGS CORP.</b>	

Principal Place of Business <b>892 SPRING PARK LOOP CELEBRATION, FL 34747</b>	Mailing Address <b>7802 KINGSPORTE PARKWAY SUITE #207-A ORLANDO, FL 32819</b>
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2. Principal Place of Business <b>422 Sycamore Street</b> Suite, Apt. #, etc.	3. Mailing Address <b>422 Sycamore Street</b> Suite, Apt. #, etc.
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City & State <b>Celebration FL</b>	City & State <b>Celebration FL</b>
Zip <b>34747</b>	Country <b>USA</b>
Zip <b>34747</b>	Country <b>USA</b>



01202006 Chg-P CR2E034 (11/05)

4. FEI Number <b>13-4232117</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>RODRIGUEZ, YOLANDA 892 SPRING PARK LOOP KISSIMMEE, FL 34747</b>		7. Name and Address of New Registered Agent Name <b>Yolanda Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>422 Sycamore Street</b> City <b>Celebration</b> <b>FL</b> Zip Code <b>34747</b>	
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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 <i>Yolanda Rodriguez</i> <small>Signature, typed or printed name of registered agent and title (Applicable)</small>	DATE <b>2/2/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RODRIGUEZ, YOLANDA 892 SPRING PARK LOOP KISSIMMEE, FL 34747</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Rodriguez, Yolanda 422 Sycamore Street Celebration, FL 34747</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 all other like empowered.	
SIGNATURE: <i>Yolanda Rodriguez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>2/2/06</b> <small>Daytime Phone #</small>