

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040856

FILED
Apr 29, 2008
Secretary of State

Entity Name: NIES OUTDOOR SERVICES, INC.

Current Principal Place of Business:

1216 EAST ATLANTIC BLVD.
SUITE 2
POMPANO BEACH, FL 33060

New Principal Place of Business:

1260 NE 2 STREET
POMPANO BEACH, FL 33060

Current Mailing Address:

1216 EAST ATLANTIC BLVD.
SUITE 2
POMPANO BEACH, FL 33060

New Mailing Address:

1260 NE 2 STREET
POMPANO BEACH, FL 33060

FEI Number: 02-0686991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALIETTE, SHERRI N
1216 EAST ATLANTIC BLVD.
SUITE 2
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

GALIETTE, SHERRI N
1260 NE 2 STREET
POMPANO BEACH, FL 33060 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NIES, RICHARD J
Address: 1216 EAST ATLANTIC BLVD., SUITE 2
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: GALIETTE, SHERRI N
Address: 1216 EAST ATLANTIC BLVD., SUITE 2
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NIES, RICHARD J
Address: 1260 NE 2 STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: D (X) Change () Addition
Name: GALIETTE, SHERRI N
Address: 1260 NE 2 STREET
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify 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: SHERRI GALIETTE

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date