
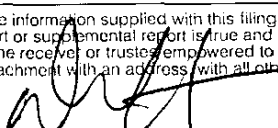


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90019 004 ***158.75

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # P03000051859 1. Entity Name NIELSON, HOOVER & ASSOCIATES, INCORPORATED | | | |  | |
| Principal Place of Business 5979 NW 151ST ST. MIAMI LAKES, FL 33014 | | | Mailing Address P.O. BOX 4724 MIAMI LAKES, FL 33014 | | |
| 2. Principal Place of Business - No P.O. Box # 8000 Governors Square Blvd. | | 3. Mailing Address 8000 Governors Square Blvd. | | | |
| Suite, Apt. #, etc. Suite 101 | | Suite, Apt. #, etc. Suite 101 | | | |
| City & State Miami Lakes, FL | | City & State Miami Lakes, FL | | | |
| Zip 33016 | Country | Zip 33016 | Country | 4. FEI Number 65-1125200 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent ROBINSON, RAYMOND L ESQ. 1501 VENERA AVE., SUITE 300 CORAL GABLES, FL 33146 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD NIELSON, CHARLES J 5979 NW 151ST ST. MIAMI LAKES, FL 33014 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD Nielson, Charles J. 8000 Governors Square Blvd., #101 Miami Lakes, FL 33016 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD NIELSON, OLGA 5979 NW 151ST ST. MIAMI LAKES, FL 33014 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Nielson, Olga 8000 Governors Square Blvd., # 101 Miami Lakes, FL 33016 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HOOVER, DAVID R 5979 NW 151ST ST. MIAMI LAKES, FL 33014 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Hoover, David R. 8000 Governors Square Blvd., # 101 Miami Lakes, FL 33016 | |
| 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 | |
| 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:  | | | 1/23/08 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |