02/07/2005 14:09 941-954-3399 DAVID D BO

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Secretary of State
02-22-2005 90031 005 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

50017746

02072005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000064032

1. Entity Name
C.N.I., INC.

Principal Place of Business	Mailing Address
1952 FIELD RD SUITE 2 B SARASOTA, FL 34231	1952 FIELD RD. SUITE 2 B SARASOTA, FL 34231

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 55-0835674 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LACEY, JEFFREY P
7447 DICKENS DR
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name: H. Craig Nicholson
Street Address (P.O. Box Number Is Not Acceptable): 15008 Eileen Cir.
City: Sarasota FL. FL Zip Code: 34240

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: H Craig Nicholson 2-17-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mine/ailing) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP. LACEY, JEFFREY P VP 7447 DICKENS DR SARASOTA, FL 34231	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T H Craig Nicholson 15008 Eileen cir. Sarasota Fl. 34240	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T NICHOLSON, H. C PRES.T 15008 EILEEN DR. SARASOTA, FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S Niels M. Pedersen 1548 Vermeer DR. Nokomis Fl. 34275	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PEDERSEN, NIELS M S 1548 VERMEER DR. NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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 all other like empowered.

SIGNATURE: H Craig Nicholson 2-17-05 941-232-6485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #