

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000106844

Entity Name: NICKLE FOODS, INC.

**FILED**  
**Sep 12, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1244 SEMINOLE DRIVE  
INDIAN HARBOUR BEACH, FL 32937 US

**New Principal Place of Business:**

**Current Mailing Address:**

1244 SEMINOLE DRIVE  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

FEI Number: 20-0287460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICKLE, SCOTT  
1244 SEMINOLE DRIVE  
INDIAN HARBOUR BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NICKLE, SCOTT  
Address: 1244 SEMINOLE DRIVE  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O ( ) Change (X) Addition  
Name: NICKLE, DEBBIE  
Address: 1244 SEMINOLE DRIVE  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBBIE NICKLE

O

09/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date