



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90052 040 ***150.00

DOCUMENT # P03840 1. Entity Name NEHOLD, INC.					
Principal Place of Business 124 EAST COLONIAL DR. ORLANDO, FL 32801			Mailing Address 124 EAST COLONIAL DR. ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box # 5401 S. KIRKMAN ROAD Suite, Apt. #, etc. SUITE 650		3. Mailing Address 5401 S. KIRKMAN ROAD Suite, Apt. #, etc. SUITE 650			
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 13-2655705	
Zip 32819-7912		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KATHLEEN, KELLER 124 E COLONIAL DR STE B ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name KELLER, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 5401 S. KIRKMAN ROAD SUITE 650 City ORLANDO FL Zip Code 32819-7912	
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: <u>Kathleen Keller</u> DATE: <u>1/26/07</u> <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, 2007 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	C MAYER, RINA 21 RUE MONT BLANC 1201 GENEVA, SW		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LEITERSDORF, JONATHAN 21 RUE DU MONT BLANC GENEVA, SWITZERLAND,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Leitersdorf, Jonathan 21 Rue du Mont Blanc Geneva, Switzerland	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVNAT, JOSEPH 21 RUE DU MONT BLANC 1201 GENEVA, SW		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURZ, PIERRE 21 RUE DU MONT BLANC GENEVA SWITZERLAND,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIV Kurz, Pierre 21 Rue du Mont Blanc Geneva, Switzerland	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURGER, DOMINIQUE 21 RUE DU MONT BLANC GENEVA, SWITZERLAND,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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	SIT Keller, Kathleen 5401 S. Kirkman Road #650 Orlando, FL 32819-7912	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>26/1/07</u> Daytime Phone #: <u>407-351-6006</u>		